### **Individual Audit Exhibits**

# by Audit Subject

# **Performance Ranking of Randomly Selected Claims**

Exhibit 1A Profile Audit Review (PAR)

Exhibit 1B Full Compliance Audit – Stage 1

Exhibit 1C Full Compliance Audit – Stage 2

# **Findings for All Audited Claims**

Exhibit 3 Penalty Assessments and Collections

Exhibit 4 Notices of Compensation Due

### Calendar Year: 2003

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: SAC-08-03-R1-5** 

**Subject: Acclamation Insurance Management Services** 

**Location: Fresno** 

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED ANI	O UNDISPUTED I	NDEMNIT	Y		]
A. Frequency Rate							<del>-</del>
# claims with unpd indem	6	divide by # c	laims with payable	indem	56	=	0.10714
B. Average Amount of Unp	said Indomnite	, nor Claim wit	h Obligation to Day	Indomnita			
Total unpd indem. =	\$ 3,764.49		# of claims with			ì	56
rotar anpa maem.	Ψ 5,701.19	divide by	" of Claims with	oongation	Avg Unpd l		\$ 67.22
C. Severity Rate							
Avg Unpd Indem	\$ 67.22	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	0.36101
D. Factor for Failure to pay	Undisnuted A	Accrued Indemi	nity				
Frequency rate	0.1071 <sup>4</sup>		Severity rate	0.36101	X	modifier of	2
1 3			J			=	0.07736
2. FACTOR FOR LATE F	IRST PAYME						
# claims with late 1st TD		9	divide by # with			23	
# claims with late first SC n	otice Fotals	<u>5</u>	divide by # with	salary con	tinuation Totals	<u>31</u> 54	=
	i otais	14	divide by		Totals	34	0.25926
							0.23920
3. FACTOR FOR LATE F	IRST PAYME	NT OF PERM	ANENT DISABIL	ITY, VRM	A, AND DE	ATH BENEF	ITS
# claims with late first PD		3	divide by # with	first PD		17	<u>,</u>
# claims with late first VRM	1A	0	divide by # with			5	
# claims with late first DB		0	divide by # with	first DB pa	aid	0	_
	Γotals	3	divide by		Totals	22	=
							0.13636
4. FACTOR FOR LATE S	URSEQUENT	INDEMNITY	PAVMENTS				
# claims with late subsequen		4	divide by # with	subsequen	t payments	26	=
	F)	•			· F		0.15385
5. FACTOR FOR PROVIS		-		S OF POTI	ENTIAL		
ELIGIBILITY FOR VOCA							
# claims with AME/QME n					requiring not		43
# claims with VR potential	eligibility noti			divide by #	requiring not		10
		Totals	9			Totals	53
						=	0.16981
PROFILE AUDIT REVIE	W DEDEAD	MANCE DAT	INC				0.79664

# **Penalty Assessments and Collections**

Files Audited: 56 Audit No: SAC-08-03-R1-5 Indemnity 56

Medical Only 0 Subject: Acclamation Insurance

Denied 0 Management Services
Complaints 0

Additional 0 Location: Fresno Type: TPA

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$		
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	9	\$425	\$425	\$0	\$0		X
2	3	\$950	\$950	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	7	\$1,075	\$1,075	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	5	\$150	\$150	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	4	\$1,100	\$1,100	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	5	\$1,700	\$1,700	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	1	\$1,000	\$1,000	\$0	\$0		X
18 b	1	\$200	\$200	\$0	\$0		X
18 c	1	\$750	\$750	\$0	\$0		X
18 d	6	\$500	\$500	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	42	\$7,850	\$7,850	\$0	\$0		

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due

**Audit No: SAC-08-03-R1-5** 

**Subject:** Acclamation Insurance Management Services

Location: Fresno Type: TPA

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed	Death Benefits	Penalty Interest	Total
				Increase		or Other	
1				\$409.15			\$409.15
2	\$1,054.30		\$391.12	\$129.42			\$1,574.84
3				\$202.00			\$202.00
4				\$109.29			\$109.29
5				\$481.16			\$481.16
6		\$898.23		\$89.82			\$988.05
TOTAL	\$1,054.30	\$898.23	\$391.12	\$1,420.84	\$0.00	\$0.00	\$3,764.49

# **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: SAC-06-03-R1-2** 

**Subject: Adventist Health System** 

**Location: Roseville** 

1. FACTOR FOR FAILUR	RE TO PAY AC	CRUED AND	UNDISPUTED II	NDEMNITY	Y		7
A. Frequency Rate							_
# claims with unpd indem	7	divide by # c	laims with payable	e indem	55	=	0.12727
D 4			011				
B. Average Amount of Un				•	_		5.5
Total unpd indem. =	\$ 33,625.41	divide by	# of claims with	n obligation	Avg Unpd		55 \$ 611.37
					Avg Olipu	iliu –	\$ 011.37
C. Severity Rate							
Avg Unpd Indem	\$ 611.37	divide by a	vg unpd indem 199	99-2001 of	\$ 186.21	=	3.28323
		,					
D. Factor for Failure to pay	y Undisputed A	ccrued Indemn	<u>ity</u>				
Frequency rate	0.1272	7 X	Severity rate	3.28323	X	modifier of	
						=	0.83573
2. FACTOR FOR LATE F	IDCT DAVME	NT OF TEMPO	DADV DICADII	ITV OD EII	OCT MOTICE	,	
# claims with late 1st TD	IKSI PATME	6	divide by # with			52	
# claims with late first SC r	notice	0	divide by # with			0	
	Totals	6	divide by	i suiur y con	Totals	52	=
			,				0.11538
3. FACTOR FOR LATE F	IRST PAYME				A, AND DEA		TS
# claims with late first PD		1	divide by # with			21	
# claims with late first VRM	MA	0	divide by # with			1	
# claims with late first DB	Totals	0	divide by # with divide by	n first DB p	aid Totals	$\frac{0}{22}$	_ =
	Totals	1	divide by		Totals	22	0.04545
							0.04343
4. FACTOR FOR LATE S	UBSEQUENT	INDEMNITY	PAYMENTS				
# claims with late subseque		6	divide by # wit	h subsequen	t payments	40	=
							0.15000
5. FACTOR FOR PROVIS				S OF POTE	NTIAL		
ELIGIBILITY FOR VOCA			9	Д:: Д. 1 <i>Ш</i>	requiring no	.:	48
# claims with AME/QME r # claims with VR potential			2		requiring no		48 7
# claims with VK potential	engionity notic	Totals	11	divide by #	requiring no	Totals	55
		101413	11			Totals	33
						=	0.20000
PROFILE AUDIT REVI							1.34657
Profile Audit Review Perf	formance Ratii	1g of 2.10 or gi	reater is a failing	score.			

### **Penalty Assessments and Collections**

Files Audited: 56
Indemnity 55
Medical Only 0
Denied 0
Complaints 1
Additional 0

**Audit No: SAC-06-03-R1-2** 

**Subject:** Adventist Health System

Location: Roseville Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	INO
1	6	\$590	\$590	\$0	\$0		X
2	1	\$800	\$800	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	8	\$750	\$750	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	2	\$500	\$500	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	7	\$1,900	\$1,900	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	3	\$300	\$300	\$0	\$0		X
18 b	2	\$1,200	\$1,200	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	2	\$125	\$125	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	31	\$6,165	\$6,165	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: SAC-06-03-R1-2** 

**Subject:** Adventist Health System

Location: Roseville Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$50.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.47
2	\$31.93	\$0.00	\$0.00	\$3.19	\$0.00	\$0.00	\$35.12
3	\$0.00	\$0.00	\$0.00	\$182.00	\$0.00	\$0.00	\$182.00
4	\$0.00	\$0.00	\$0.00	\$21.00	\$0.00	\$0.00	\$21.00
5	\$0.00	\$29,920.00	\$0.00	\$2,992.00	\$0.00	\$0.00	\$32,912.00
6	\$22.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22.14
7	\$0.00	\$366.08	\$0.00	\$36.60	\$0.00	\$0.00	\$402.68
TOTAL	0104.74	#20.207.00	<b>DO CO</b>	#2 22 4 <b>5</b> 2	<b>DO CO</b>	00.00	#22.C25.41
TOTAL	\$104.54	\$30,286.08	\$0.00	\$3,234.79	\$0.00	\$0.00	\$33,625.41

### Calendar Year: 2003

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: AHM-06-03-R1-5

Subject: AIG Claim Services, Inc.

**Location: San Diego** 

1. FACTOR FOR FAILU	RE TO PAY AC	CCRUED AN	D UNDISPUTED IN	IDEMNITY		7
A. Frequency Rate						_
# claims with unpd indem	7	divide by # c	laims with payable is	ndem 59	=	0.11864
B. Average Amount of Ur	maid Indomnity	nor Claim wi	th Obligation to Day	Indomnity		
Total unpd indem. =	\$ 13,438.42	divide by		bligation to pay in	dem	59
rotar unpu muem.	ψ 15,450.42	divide by	# of claims with c		pd Ind =	\$ 227.77
				22.8	P	
C. Severity Rate						
Avg Unpd Indem	\$ 227.77	divide by av	g unpd indem 1999-	2001 of \$ 186	.21 =	1.22319
D. Factor for Failure to pa	v Undisputed A	ccrued Indem	nity			
Frequency rate	0.12	X	Severity rate	1.22 X	modifier of	f 2
requestey rate	0.12	71	Severity rate	1.22	=	0.29025
2. FACTOR FOR LATE I	FIRST PAYME					
# claims with late 1st TD		11	divide by # with 7		52	
# claims with late first SC		0		alary continuation	0	_
	Totals	11	divide by	Totals	52	0.21154
						0.21134
3. FACTOR FOR LATE I	FIRST PAYME	NT OF PERM	IANENT DISABILI	TY, VRMA, AND	DEATH BENE	EFITS
# claims with late first PD		2	divide by # with f		18	
# claims with late first VR	MA	1	divide by # with f		6	
# claims with late first DB		0	divide by # with f	•	0	_
	Totals	3	divide by	Totals	24	=
						0.12500
4. FACTOR FOR LATE S	SUBSEQUENT	INDEMNITY	Z PAYMENTS			
# claims with late subseque		7		ubsequent paymen	its 41	=
						0.17073
5. FACTOR FOR PROVI				OF POTENTIAL		
# claims with AME/QME				vide by # requiring	r notices	46
# claims with VR potential				vide by # requiring		14
" Claims with the potential	engionity notic	Totals	14	vide by wrequiring	Totals	60
					=	0.23333
PROFILE AUDIT REVI	EW PERFORM	MANCE RAT	ΓING			1.03085
Profile Audit Profile Aud				er is a failing scor	e.	1.00000
				-		

### **Penalty Assessments and Collections**

Files Audited: 65
Indemnity 59
Medical Only 0
Denied 0
Complaints 3
Additional 3

**Audit No: AHM-06-03-R1-5** 

Subject: AIG Claim Services, Inc.

Location: San Diego Type: TPA

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	110
1	15	\$2,075	\$2,075	\$0	\$0		X
2 3	4	\$790	\$790	\$0	\$0		X
	3	\$450	\$450	\$0	\$0		X
4	19	\$3,175	\$3,175	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	7	\$1,800	\$1,800	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	9	\$3,400	\$3,400	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	7	\$2,300	\$2,300	\$0	\$0		X
18 b	2	\$1,500	\$1,500	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	3	\$275	\$275	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	69	\$15,765	\$15,765	\$0	\$0	-	

**Notices of Compensation Due** 

Audit No: AHM-06-03-R1-5

Subject: AIG Claim Services, Inc.

Location: San Diego Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
		-		Increase		or Other	
1	\$350.00						\$350.00
2	\$303.33	\$3,080.00					\$3,383.33
3	\$201.17						\$201.17
4	\$416.42			\$41.64			\$458.06
5	\$598.40			\$99.57			\$697.97
6	\$4,203.47			\$569.42			\$4,772.89
7		\$3,250.00		\$325.00			\$3,575.00
TOTAL	\$6,072.79	\$6,330.00	\$0.00	\$1,035.63	\$0.00	\$0.00	\$13,438.42

# **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: VNO-12-03-R2-1

**Subject: Allianz Insurance Company** 

Location: Burbank

1. FACTOR FOR FAILURE	ГО РАҮ А	CCRUED ANI	D UNDISPUTED	INDEMNI	ГҮ		
A. Frequency Rate							_
# claims with unpd indem	4	divide by # cl	laims with payable	e indem	22	=	0.18182
B. Average Amount of Unpaid	1 Indemnits	y ner Claim wit	h Obligation to Pa	av Indemnit	V		
Total unpd indem. = \$	9,110.94		# of claims witl			n	22
Total angumusin.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	arriae oj	" of Glating with	i conguiron	Avg Unpd		\$ 414.13
					0 1		
C. Severity Rate							
Avg Unpd Indem \$	414.13	divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	2.22401
D. Easter for Earlyre to pay II	ndianutad A	A compad Indom					
D. Factor for Failure to pay Un Frequency rate	0.18182		Severity rate	2.22401	X	modifier o	f 2
rrequency rate	0.16162	. A	Severity rate	2.22401	Λ	=	0.80873
							0.00073
2. FACTOR FOR LATE FIRS	T PAYME	ENT OF TEMP	ORARY DISABI	LITY OR F	TRST NOTI	CE	
# claims with late 1st TD		0	divide by # with			0	-
# claims with late first SC notice	ce	0	divide by # with	n salary con	tinuation	0	<u></u>
Tot	als	0	divide by		Totals	0	=
							0.00000
C							
3. FACTOR FOR LATE FIRS	ST PAYME				IA, AND DI		EFITS
# claims with late first PD		1	divide by # with			1	
# claims with late first VRMA		0	divide by # with			0	
# claims with late first DB  Tot	o1c	0	divide by # with	n nirst DB p		0	_ =
100	ais	1	divide by		Totals	1	1.00000
							1.00000
4. FACTOR FOR LATE SUB	SEQUENT	T INDEMNITY	PAYMENTS				
# claims with late subsequent p		0	divide by # with	n subsequen	t payments	1	=
							0.00000
5. FACTOR FOR PROVISION				ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCATION							
# claims with AME/QME notice			0		requiring no		0
# claims with VR potential elig	gibility noti		<u>l</u>	divide by #	requiring no		1
		Totals	1			Totals	1
						=	1.00000
PROFILE AUDIT REVIEW	<b>DEDEUD</b>	MANCE DAT	INC				2.80873
Profile Audit Review Perform	LEMION	THAT ICE IM	1110				2.00073

# Full Compliance Audit Performance Rating of Randomly Selected Claims

**Audit No: VNO-12-03-R2-1** 

**Subject: Allianz Insurance Company** 

**Location: Burbank** 

1. FACTOR FOR FAILURE TO PAY ACCRUED AND UNDISPUTED INDEMNITY	7		7
A. Frequency Rate			<b>-</b>
# claims with unpd indem 4 divide by # claims with payable indem	22	=	0.18182
B. Average Amount of Unpaid Indemnity per Claim with Obligation to Pay Indemnity			
Total unpd indem = \$ 9,110.94 divide by # of claims with obligation to		n	22
	vg Unpd		\$ 414.13
	vg empu	1110	Ψ 111.13
C. Severity Rate			
	186.21	=	2.22401
D. Factor for Failure to pay Undisputed Accrued Indemnity			
Frequency rate 0.18182 X Severity rate 2.22401	X	modifier of	
		=	0.80873
		ran.	
2. FACTOR FOR LATE FIRST PAYMENT OF TEMPORARY DISABILITY OR FIR			
# claims with late 1st TD 0 divide by # with TD payments		0	
# claims with late first SC notice 0 divide by # with salary continue Totals 0 divide by Totals		0	_
Totals 0 divide by Totals	otals	U	0.00000
			0.00000
3. FACTOR FOR LATE FIRST PAYMENT OF PERMANENT DISABILITY, VRMA	. AND D	EATH BEN	EFITS
# claims with late first PD 1 divide by # with first PD	,	1	
# claims with late first VRMA 0 divide by # with first VRMA		0	
# claims/late first death benefits 0 divide by # with first death benefits	n paid	0	
Totals 1 divide by Totals	otals	1	=
			1.00000
4. FACTOR FOR LATE SUBSEQUENT INDEMNITY PAYMENTS			
# claims with late subseq payments 0 divide by # with subseq payments	ents	1	=
			0.00000
5 EACTOD FOR PROVISION OF AMEJOME NOTICES AND NOTICES OF BOTE	AITT A I		
5. FACTOR FOR PROVISION OF AME/QME NOTICES AND NOTICES OF POTE ELIGIBILITY FOR VOCATIONAL REHABILITATION	NHAL		
# claims with AME/QME notice violations 0 divide by # rec	uiring no	tices	0
# claims with VR potential eligibility notice violations 1 divide by # rec			1
Totals 1	lan nig no	Totals	1
		=	1.00000
FULL COMPLIANCE AUDIT PERFORMANCE RATING	a failing		2.80873

# **Penalty Assessments and Collections**

Files Audited: 25
Indemnity 22
Medical Only 0
Denied 0
Complaints 3
Additional 0

**Audit No: VNO-12-03-R2-1** 

**Subject:** Allianz Insurance Company

Location: Burbank Type: INS

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item#	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	7	\$475	\$0	\$475	\$0		X
2	1	\$160	\$0	\$160	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	17	\$975	\$675	\$300	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	1	\$100	\$100	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	4	\$1,100	\$1,100	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	0	\$0	\$0	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	1	\$100	\$0	\$100	\$0		X
18 b	2	\$1,400	\$0	\$1,400	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	8	\$525	\$0	\$525	\$0		X
18 e	2	\$1,100	\$0	\$1,100	\$0		X
18 f	1	\$400	\$0	\$400	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	44	\$6,335	\$1,875	\$4,460	\$0		

**Notices of Compensation Due** 

**Audit No: VNO-12-03-R2-1** 

**Subject: Allianz Insurance Company** 

Location: Burbank Type: INS

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1						\$417.12	\$417.12
2				\$46.00			\$46.00
3	\$228.00			\$215.60			\$443.60
4		\$1,548.30		\$154.83			\$1,703.13
5		\$7,481.20					\$7,481.20
6						\$1,183.82	\$1,183.82
7						\$28.80	\$28.80
TOTAL	\$228.00	\$9,029.50	\$0.00	\$416.43	\$0.00	\$1,629.74	\$11,303.67

# **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: SAC-02-03-R1-6** 

**Subject: ALPHA Fund** 

**Location: Rancho Cordova** 

1. FACTOR FOR FAILURE TO PAY ACCRUED AND UNDISPUTED INDEMNITY								
A. Frequency Rate								•
# claims with unpd indem		16	divide by # cla	ims with payabl	e indem	52	=	0.30769
D A A CII		1	C1 : ::1	Old: 4: 4 B	T 1			
B. Average Amount of Un		ndemnity <u>r</u> 8,768.30				_		50
Total unpd indem. =	Э	8,708.30	divide by	# of claims wit	n obligation	Avg Unpd I		52 \$ 168.62
						Avg Olipu i	ing –	\$ 100.02
C. Severity Rate								
Avg Unpd Indem	\$	168.62	divide by avg	g unpd indem 19	99-2001 of	\$ 186.21	=	0.90554
D. Factor for Failure to pa	y Undi			•				
Frequency rate		0.30769	X	Severity rate	0.90554	X	modifier of	2
							=	0.55726
2. FACTOR FOR LATE F	IDCT	DAVMEN	T OF TEMPO	DADV DICADI	I ITV OD EII	OCT NOTICE	E	
# claims with late 1st TD	IKSI	FAIMEN	9	divide by # wit			49	
# claims with late first SC i	notice		0	divide by # wit			0	
	Totals		9	divide by	on surary come	Totals	49	=
								0.18367
3. FACTOR FOR LATE F	IRST	PAYMEN				A, AND DEA		TS
# claims with late first PD			4	divide by # wit			27	
# claims with late first VRI	MA		1	divide by # wit			4	
# claims with late first DB	Totals		5	_divide by # wit	in first DB pa	Totals	31	_ =
	Totals	i	3	divide by		Totals	31	0.16129
								0.10129
4. FACTOR FOR LATE S	UBSE	QUENT I	NDEMNITY I	PAYMENTS				
# claims with late subseque			21	divide by # wit	h subsequent	payments	49	=
•				-	•			0.42857
5. FACTOR FOR PROVIS					ES OF POTE	NTIAL		
ELIGIBILITY FOR VOCA			ABILITATION		1: :1 1 //			
# claims with AME/QME i			1.1.41	7		requiring not		27
# claims with VR potential	eligib	ility notice	violations Totals	11 18	divide by #	requiring not	rices Totals	43
			TOTALS	10			rotais	43
							=	0.41860
								5.11000
PROFILE AUDIT REVIEW PERFORMANCE RATING 1.74940								
Profile Audit Review Per	forma	nce Ratin	g of 2.10 or gr	eater is a failin	g score.			

# **Penalty Assessments and Collections**

Files Audited: 52 Indemnity 52 Medical Only Denied 0 Complaints 0 0

Additional

**Audit No:** SAC-02-03-R1-6

**Subject: ALPHA Fund** 

**Location: Rancho Cordova** Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	res	NO
1	12	\$2,625	\$2,625	\$0	\$0		X
2	3	\$175	\$175	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	24	\$2,725	\$2,725	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	11	\$4,300	\$4,300	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	6	\$2,300	\$2,300	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	7	\$2,450	\$2,450	\$0	\$0		X
18 b	1	\$200	\$200	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	22	\$1,525	\$1,525	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	86	\$16,300	\$16,300	\$0	\$0		

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due

**Audit No: SAC-02-03-R1-6** 

**Subject:** ALPHA Fund

Location: Rancho Cordova Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$178.49			\$178.49
2	\$832.28			\$83.22			\$915.50
3				\$78.00			\$78.00
4				\$228.68			\$228.68
5				\$127.80			\$127.80
6				\$42.00			\$42.00
7				\$85.91			\$85.91
8				\$42.00			\$42.00
9				\$151.40			\$151.40
10	\$46.00			\$4.60			\$50.60
11	\$210.00						\$210.00
12	\$171.08	\$810.00		\$308.11			\$1,289.19
13	\$260.90			\$13.11			\$274.01
14				\$89.74			\$89.74
15				\$98.00			\$98.00
16	\$4,400.91			\$506.07			\$4,906.98
TOTAL	\$5,921.17	\$810.00	\$0.00	\$2,037.13	\$0.00	\$0.00	\$8,768.30

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: SFO-02-03-R1-5

Subject: American Commercial Claims Administrators, Inc.

**Location: San Francisco** 

1. FACTOR FOR FAILUI	1. FACTOR FOR FAILURE TO PAY ACCRUED AND UNDISPUTED INDEMNITY									
A. Frequency Rate							-			
# claims with unpd indem	14	divide by # c	laims with payable	e indem	59	=	0.23729			
D A A CIT		CI : :	1 O11: .:	T 1						
B. Average Amount of Un Total unpd indem. =	\$ 1,652.57		th Obligation to Pa # of claims witl	•			59			
rotai unpu muem. –	\$ 1,032.37	divide by	# 01 Claillis With	n obligation	Avg Unpd		\$ 28.01			
					rivg onpu	mu	ψ 20.01			
C. Severity Rate										
Avg Unpd Indem	\$ 28.01	divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.15042			
D. Factor for Failure to pa			-	0.15040	37	1:0 0				
Frequency rate	0.23729	) X	Severity rate	0.15042	X	modifier of	0.07139			
						_	0.07139			
2. FACTOR FOR LATE F	FIRST PAYME	ENT OF TEMP	ORARY DISABI	LITY OR F	IRST NOTI	CE	1			
# claims with late 1st TD	-	13	divide by # with			57				
# claims with late first SC	notice	1	divide by # with			1				
	Totals	14	divide by		Totals	58	=			
							0.24138			
2 FACTOR FOR LATE I	TID OT DANAM	ENT OF DEDA	ANENT DICADI	LITY VDA	(A AND DI	CATH DENE	FITC			
3. FACTOR FOR LATE F # claims with late first PD	GRS1 PAYME	2	divide by # with		IA, AND DI	EATH BENE 12	F118			
# claims with late first VRI	MA	0	divide by # with		Δ	4				
# claims with late first DB		0	divide by # with			0				
	Totals	2	divide by	r	Totals	16	=			
			•				0.12500			
4. FACTOR FOR LATE S										
# claims with late subseque	ent payments	12	divide by # with	h subsequen	t payments	42	0.20571			
							0.28571			
5. FACTOR FOR PROVIS	SION OF AMI	E/OME NOTIC	ES AND NOTIC	ES OF POT	ENTIAL.		1			
ELIGIBILITY FOR VOCA		-		LD OI TOT	LIVINIE					
# claims with AME/QME i			3	divide by #	requiring no	otices	45			
# claims with VR potential	eligibility noti	ce violations	2	divide by #	requiring no	otices	5			
		Totals	5			Totals	50			
						=	0.10000			
						_	0.10000			
PROFILE AUDIT REVI	EW PERFOR	MANCE RAT	TING				0.82348			
Profile Audit Review Per	formance Rati	ing of 2.10 or	greater is a failing	g score.						

### **Penalty Assessments and Collections**

Files Audited: 62
Indemnity 59
Medical Only 0
Denied 0
Complaints 3
Additional 0

**Audit No: SFO-02-03-R1-5** 

**Subject:** American Commercial Claims

Administrators

0 Location: San Francisco Type: TPA

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Vac	Nia
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	14	\$700	\$700	\$0	\$0		X
2	2	\$175	\$175	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	16	\$1,380	\$1,380	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	1	\$40	\$40	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	2	\$900	\$900	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	3	\$800	\$800	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	5	\$1,250	\$1,250	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	16	\$1,325	\$1,325	\$0	\$0		X
18 e	1	\$100	\$100	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	60	\$6,670	\$6,670	\$0	\$0		

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due

•

**Audit No: SFO-02-03-R1-1** 

**Subject:** American Commercial Claims Administrators, Inc.

Location: San Francisco Type: TPA

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed	Death Benefits	Penalty Interest	Total
	J	,		Increase		or Other	
1		\$20.00				\$2.00	\$22.00
2	\$243.92			\$201.33			\$445.25
3	\$450.00			\$40.11			\$490.11
4	\$128.76						\$128.76
5				\$56.00			\$56.00
6	\$39.47						\$39.47
7	\$16.28						\$16.28
8	\$67.46			\$122.23			\$189.69
9				\$73.81			\$73.81
10				\$23.00			\$23.00
11				\$25.20			\$25.20
12	\$63.13						\$63.13
13				\$48.00			\$48.00
14				\$31.87			\$31.87
TOTAL	\$1,009.02	\$20.00	\$0.00	\$621.55	\$0.00	\$2.00	\$1,652.57

# **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: SFO-01-03-R1-5** 

**Subject: Applied Risk Services** 

**Location: San Francisco** 

1. FACTOR FOR FAILURE TO PAY ACCRUED AND UNDISPUTED INDEMNITY								
A. Frequency Rate							₫	
# claims with unpd indem	4	divide by # cl	aims with payable	indem	56	=	0.07143	
B. Average Amount of Unp								
Total unpd indem. =	\$ 1,849.53	divide by	# of claims with	obligation	1 2		56	
					Avg Unpd l	ind =	\$ 33.03	
C. Severity Rate	ф 22.02	1 1	1: 1 100	0.0001 6	<b>4</b> 106 <b>21</b>		0.15525	
Avg Unpd Indem	\$ 33.03	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	0.17737	
D. Factor for Failure to pay	Undisputed A	ccrued Indemr	nity					
Frequency rate	0.07143		Severity rate	0.17737	X	modifier of	2	
1 2			,			=	0.02534	
2. FACTOR FOR LATE FI	RST PAYME	NT OF TEMP				Έ		
# claims with late 1st TD		9	divide by # with			49		
# claims with late first SC ne	otice	0	_ divide by # with	salary con	tinuation	0	=	
П	Γotals	9	divide by		Totals	49	=	
							0.18367	
a rigger population		on nen					· · · ·	
3. FACTOR FOR LATE FI	RSTPAYME				IA, AND DE		TTS	
# claims with late first PD	T A	2	divide by # with			9		
# claims with late first VRM # claims with late first DB	IA	0	divide by # with			3		
	Γotals	0	_divide by # with	i iirsi DB pa	Totals	12	_ =	
	iotais	2	divide by		Totals	12	0.16667	
							0.10007	
4. FACTOR FOR LATE SU	JBSEOUENT	INDEMNITY	PAYMENTS					
# claims with late subsequer		5	divide by # with	subsequen	t payments	40	=	
•	1 3		,	•	1 3		0.12500	
5. FACTOR FOR PROVIS	ION OF AME	QME NOTIC	ES AND NOTICE	ES OF POT	ENTIAL			
ELIGIBILITY FOR VOCA								
# claims with AME/QME no					requiring not		19	
# claims with VR potential e	eligibility notic	ce violations	5	divide by #	requiring not	tices	6	
		Totals	8			Totals	25	
						=	0.32000	
							0.52000	
PROFILE AUDIT REVIE							0.82068	
Profile Audit Review Perfo	ormance Rati	ng of 2.10 or g	reater is a failing	score.				

### **Penalty Assessments and Collections**

Files Audited: 56
Indemnity 56
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: SFO-01-03-R1-5** 

**Subject: Applied Risk Services** 

**Location:** San Francisco Type: TPA

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	INO
1	9	\$615	\$615	\$0	\$0		X
2 3	2	\$920	\$920	\$0	\$0		X
	0	\$0	\$0	\$0	\$0		X
4	14	\$1,395	\$1,395	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	5	\$1,800	\$1,800	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	3	\$1,100	\$1,100	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	3	\$900	\$900	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	1	\$100	\$100	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	37	\$6,830	\$6,830	\$0	\$0		

### **Penalty Assessments and Collections**

Files Audited: 56
Indemnity 56
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: SFO-01-03-R1-5** 

**Subject: Applied Risk Services** 

**Location:** San Francisco Type: TPA

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	INO
1	9	\$615	\$615	\$0	\$0		X
2 3	2	\$920	\$920	\$0	\$0		X
	0	\$0	\$0	\$0	\$0		X
4	14	\$1,395	\$1,395	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	5	\$1,800	\$1,800	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	3	\$1,100	\$1,100	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	3	\$900	\$900	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	1	\$100	\$100	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	37	\$6,830	\$6,830	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: SFO-01-03-R1-5** 

**Subject: Applied Risk Services** 

Location: San Francisco Type: TPA

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed Increase	Death Benefits	Penalty Interest or Other	Total
1				\$336.00			\$336.00
2	\$70.00			\$7.00			\$77.00
3	\$714.38			\$60.93			\$775.31
4	\$661.22			Ψ00.23			\$661.22
4	\$001.22						\$001.22
TOTAL	\$1,445.60	\$0.00	\$0.00	\$403.93	\$0.00	\$0.00	\$1,849.53

# **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: AHM-01-03-R1-1

**Subject: Argonaut Insurance Company** 

**Location: Brea** 

1. FACTOR FOR FAILURE TO PAY ACCRUED AND UNDISPUTED INDEMNITY								
A. Frequency Rate								
# claims with unpd indem	10	divide by # c	laims with payable i	ndem	55	=	0.18182	
B. Average Amount of U	npaid Indemnity	per Claim wi	th Obligation to Pay	Indemnity	·			
Total unpd indem. =	\$ 12,298.27	divide by	# of claims with o				55	
					Avg Unpd	Ind =	\$ 223.60	
C. Severity Rate								
Avg Unpd Indem	\$ 223.60	divide by av	g unpd indem 1999-	-2001 of	\$ 186.21	=	1.20082	
D. Factor for Failure to pa	*			1.20	v		2	
Frequency rate	0.18	X	Severity rate	1.20	X	modifier of	0.43666	
							0.15000	
2. FACTOR FOR LATE	FIRST PAYME							
# claims with late 1st TD		15	divide by # with			53		
# claims with late first SC		0	divide by # with s	salary conti		0	Ī	
	Totals	15	divide by		Totals	53	=	
							0.28302	
3. FACTOR FOR LATE	FIRST PAYME	NT OF PERM	IANENT DISABILI	TY. VRM.	A. AND DI	EATH BENEF	FITS	
# claims with late first PD	·	13	divide by # with f		,	25		
# claims with late first VR	MA	0	divide by # with f	first VRM	A	9		
# claims with late first DB		0	divide by # with f	first DB pa	id	0		
	Totals	13	divide by		Totals	34	=	
							0.38235	
4. FACTOR FOR LATE	SURSFOLIENT	INDEMNITY	V PAYMENTS					
# claims with late subsequ		13	divide by # with s	subsequent	payments	46	=	
1	- · · · · · · · · · · · · · · · · · · ·			1	1.7		0.28261	
5. FACTOR FOR PROVI				S OF POTE	ENTIAL			
# claims with AME/QME				ivide by # r	requiring no	ntices	48	
# claims with VR potentia					requiring no		18	
" Claims with vic potentia	cingionity noti	Totals	28	ivide by 11 1	requiring ne	Totals	66	
						=	0.42424	
PROFILE AUDIT REVI Profile Audit Review Per				score.			1.80889	

# **Penalty Assessments and Collections**

Files Audited: 55
Indemnity 55
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: AHM-01-03-R1-1** 

**Subject:** Argonaut Insurance Company

Location: Brea Type: INS

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	17	\$3,355	\$3,355	\$0	\$0		X
2	13	\$2,735	\$2,735	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	33	\$3,620	\$3,620	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	10	\$3,100	\$3,100	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	18	\$5,700	\$5,700	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	4	\$400	\$400	\$0	\$0		X
18 b	4	\$1,750	\$1,750	\$0	\$0		X
18 c	1	\$1,000	\$1,000	\$0	\$0		X
18 d	8	\$775	\$775	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	108	\$22,435	\$22,435	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: AHM-01-03-R1-1** 

**Subject: Argonaut Insurance Company** 

Location: Brea Type: INS

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$311.66			\$117.17			\$428.83
2	\$224.67						\$224.67
3	\$86.00			\$8.60			\$94.60
4	\$53.74			\$7.20			\$60.94
5		\$4,687.16	\$1,759.01	\$468.72			\$6,914.89
6		\$1,000.00					\$1,000.00
7				\$756.00			\$756.00
8				\$73.14			\$73.14
9		\$1,799.77		\$130.79			\$1,930.56
10		\$560.00		\$254.64			\$814.64
TOTAL	\$676.07	\$8,046.93	\$1,759.01	\$1,816.26	\$0.00	\$0.00	\$12,298.27

# **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: SAC-13-03-R2-5** 

Calendar Year: 2003

Subject: Arkansas Claims Management, Inc.

Location: Sacramento, CA

1. FACTOR FOR FAILURE TO PAY ACCRUED AND UNDISPUTED INDEMNITY									
A. Frequency Rate							-4		
# claims with unpd indem	18	divide by # c	laims with payable	indem	58	=	0.31034		
D			011						
B. Average Amount of Un					_		50		
Total unpd indem. =	\$ 13,149.42	divide by	# of claims with	obligation	Avg Unpd		58 \$ 226.71		
					Avg Onpu	ina –	\$ 220.71		
C. Severity Rate									
Avg Unpd Indem	\$ 226.71	divide by ay	g unpd indem 199	9-2001 of	\$ 186.21	=	1.21752		
8 <del></del>			8 r		4				
D. Factor for Failure to pay	Undisputed A	ccrued Indemn	ity						
Frequency rate	0.3103	4 X	Severity rate	1.21752	X	modifier of			
						=	0.75570		
2. FACTOR FOR LATE F	IRST PAYME								
# claims with late 1st TD		23	divide by # with			53			
# claims with late first SC r		<u>0</u> 23	divide by # with	i salary con		53	_		
	Totals	23	divide by		Totals	33	0.43396		
							0.43390		
3. FACTOR FOR LATE F	IRST PAYME	NT OF PERMA	NENT DISABIL	ITY VRM	A AND DEA	TH BENEFI	TS		
# claims with late first PD		8	divide by # with		1,111,12 12.11	28			
# claims with late first VRN	ЛΑ	1	divide by # with		A	11			
# claims with late first DB		0	divide by # with			0			
	Totals	9	divide by	•	Totals	39	<u> </u>		
							0.23077		
4. FACTOR FOR LATE S									
# claims with late subseque	nt payments	21	divide by # with	n subsequen	t payments	40	=		
							0.52500		
5 ELGTOR FOR PROLUC	HOM OF AME	/O. C. MOTELO	a AND NOTICE	C OF BOTE	NITT A I				
5. FACTOR FOR PROVIS				S OF POTE	NTIAL				
# claims with AME/QME n				divida by #	requiring not	tions	35		
# claims with VR potential					requiring not		26		
# claims with VK potential	engionity notic	Totals	35	uivide by #	requiring no	Totals	61		
		Totals	33			Totals	01		
						=	0.57377		
PROFILE AUDIT REVIEW PERFORMANCE RATING  2.51920									
	WILKITOK	MANCE KATI	110				2.51920		

# Full Compliance Audit Performance Rating of Randomly Selected Claims

**Audit No: SAC-13-03-R2-5** 

Calendar Year: 2003

Subject: Arkansas Claims Management, Inc.

**Location: Sacramento** 

1. FACTOR FOR FAILU	RE TO PAY	ACCRUED A	ND UNDISPUTE	D INDEMNIT	Y		1
A. Frequency Rate							_
# claims with unpd indem	30	divide by	# claims with paya	able indem	131	=	0.22901
B. Average Amount of Un							
Total unpd indem =	\$ 20,927	7.53 divide b	y # of claims v	with obligation			131
					Avg Unpd	Ind =	\$ 159.75
C. Severity Rate	<b>.</b>				A 106 A1		0.05=04
Avg Unpd Ind.	\$ 159	9.75 divide b	y avg unpd indem	1999-2001 of	\$ 186.21	=	0.85791
D. Factor for Failure to pa	y Undispute	ed Accrued Ind	emnity				
Frequency rate		2901 X	Severity rate	0.85791	X	modifier of	2
			•			=	0.39294
2. FACTOR FOR LATE	FIRST PAY	MENT OF TE				E	
# claims with late 1st TD		49		with TD payme		123	
# claims with late first SC	notice	0		with salary con		0	=
,	Totals	49	divide by		Totals	123	=
							0.39837
2 FACTOR FOR LATE	CID OT DAY	MENT OF DEL	NAMENT DIGA	DILLEN VDA	A AND DE	ATH DENIER	ITC
3. FACTOR FOR LATE I	FIRST PAY				A, AND DE		ITS
# claims with late first PD		17	divide by # v	with first PD		59	ITS
# claims with late first PD # claims with late first VR	MA	17 1	divide by # v divide by # v	with first PD with first VRM	A	59 16	ITS
# claims with late first PD # claims with late first VR # claims/late first death be	MA nefits	17 1 0	divide by # v divide by # v divide by # v	with first PD	A ben paid	59 16 0	ITS =
# claims with late first PD # claims with late first VR # claims/late first death be	MA	17 1	divide by # v divide by # v	with first PD with first VRM	A	59 16	
# claims with late first PD # claims with late first VR # claims/late first death be	MA nefits	17 1 0	divide by # v divide by # v divide by # v	with first PD with first VRM	A ben paid	59 16 0	= 0.24000
# claims with late first PD # claims with late first VR # claims/late first death be	MA nefits Totals	17 1 0 18	divide by # v divide by # v divide by # v divide by	with first PD with first VRM	A ben paid	59 16 0	
# claims with late first PD # claims with late first VR # claims/late first death be 4. FACTOR FOR LATE	MA nefits Totals SUBSEQUE	17 1 0 18	divide by # v divide by # v divide by # v divide by TY PAYMENTS	with first PD with first VRM with first death	A ben paid Totals	59 16 0	
# claims with late first PD # claims with late first VR # claims/late first death be	MA nefits Totals SUBSEQUE	17 1 0 18 ENT INDEMNI	divide by # v divide by # v divide by # v divide by TY PAYMENTS	with first PD with first VRM	A ben paid Totals	59 16 0 75	= 0.24000
# claims with late first PD # claims with late first VR # claims/late first death be 4. FACTOR FOR LATE	MA nefits Totals SUBSEQUE	17 1 0 18 ENT INDEMNI	divide by # v divide by # v divide by # v divide by TY PAYMENTS	with first PD with first VRM with first death	A ben paid Totals	59 16 0 75	= 0.24000
# claims with late first PD # claims with late first VR # claims/late first death be 4. FACTOR FOR LATE	MA nefits Fotals SUBSEQUE payments	17 1 0 18 ENT INDEMNI 41	divide by # v divide by # v divide by # v divide by  TY PAYMENTS divide by # v	with first PD with first VRM with first death with subseq pay	A ben paid Totals	59 16 0 75	= 0.24000
# claims with late first PD # claims with late first VR # claims/late first death be  4. FACTOR FOR LATE: # claims with late subseq p  5. FACTOR FOR PROVIELIGIBILITY FOR VOC.	MA nefits Fotals SUBSEQUE payments SION OF A	17 1 0 18 ENT INDEMNI 41 ME/QME NOT	divide by # v divide by # v divide by # v divide by  TY PAYMENTS divide by # v	with first PD with first VRM with first death with subseq pay	A ben paid Totals  yments	59 16 0 75	= 0.24000
# claims with late first PD # claims with late first VR # claims/late first death be  4. FACTOR FOR LATE: # claims with late subseq p  5. FACTOR FOR PROVIELIGIBILITY FOR VOC. # claims with AME/QME	MA nefits Totals SUBSEQUE payments SION OF A ATIONAL I	17 1 0 18 ENT INDEMNI 41  ME/QME NOT REHABILITAT	divide by # v divide by # v divide by # v divide by  TY PAYMENTS divide by # v	with first PD with first VRM with first death with subseq pay ICES OF POTE	A ben paid Totals  yments  ENTIAL requiring no	59 16 0 75 97	= 0.24000 = 0.42268
# claims with late first PD # claims with late first VR # claims/late first death be  4. FACTOR FOR LATE: # claims with late subseq p  5. FACTOR FOR PROVIELIGIBILITY FOR VOC.	MA nefits Totals SUBSEQUE payments SION OF A ATIONAL I	17 1 0 18 ENT INDEMNI 41  ME/QME NOT REHABILITAT	divide by # v divide by # v divide by # v divide by  TY PAYMENTS divide by # v  TICES AND NOTI	with first PD with first VRM with first death with subseq pay ICES OF POTE	A ben paid Totals  yments	59 16 0 75 97	= 0.24000 = 0.42268
# claims with late first PD # claims with late first VR # claims/late first death be  4. FACTOR FOR LATE: # claims with late subseq p  5. FACTOR FOR PROVIELIGIBILITY FOR VOC. # claims with AME/QME	MA nefits Totals SUBSEQUE payments SION OF A ATIONAL I	17 1 0 18 ENT INDEMNI 41  ME/QME NOT REHABILITAT	divide by # v divide by # v divide by # v divide by  TY PAYMENTS divide by # v	with first PD with first VRM with first death with subseq pay ICES OF POTE	A ben paid Totals  yments  ENTIAL requiring no	59 16 0 75 97	= 0.24000 = 0.42268
# claims with late first PD # claims with late first VR # claims/late first death be  4. FACTOR FOR LATE: # claims with late subseq p  5. FACTOR FOR PROVIELIGIBILITY FOR VOC. # claims with AME/QME	MA nefits Totals SUBSEQUE payments SION OF A ATIONAL I	ENT INDEMNI 41  ME/QME NOTE REHABILITATIONS office violations	divide by # v divide by # v divide by # v divide by  TY PAYMENTS divide by # v  TICES AND NOTI	with first PD with first VRM with first death with subseq pay ICES OF POTE	A ben paid Totals  yments  ENTIAL requiring no	59 16 0 75 97	= 0.24000 = 0.42268 77 48 125
# claims with late first PD # claims with late first VR # claims/late first death be  4. FACTOR FOR LATE: # claims with late subseq p  5. FACTOR FOR PROVIELIGIBILITY FOR VOC. # claims with AME/QME	MA nefits Totals SUBSEQUE payments SION OF A ATIONAL I	ENT INDEMNI 41  ME/QME NOTE REHABILITATIONS office violations	divide by # v divide by # v divide by # v divide by  TY PAYMENTS divide by # v  TICES AND NOTI	with first PD with first VRM with first death with subseq pay ICES OF POTE	A ben paid Totals  yments  ENTIAL requiring no	59 16 0 75 97 tices tices Totals	= 0.24000 = 0.42268
# claims with late first PD # claims with late first VR # claims/late first death be  4. FACTOR FOR LATE: # claims with late subseq p  5. FACTOR FOR PROVIELIGIBILITY FOR VOC. # claims with AME/QME	MA nefits Totals  SUBSEQUE Dayments  SION OF A ATIONAL I notice viola I eligibilty n	17 1 0 18 ENT INDEMNI 41  ME/QME NOT REHABILITAT tions otice violations Totals	divide by # v  TY PAYMENTS divide by # v  FICES AND NOTE  FION  34 27 61  RATING	with first PD with first VRM with first death with subseq pay ICES OF POTE divide by # divide by #	A ben paid Totals  whents  ENTIAL  requiring no requiring no	59 16 0 75 97 tices tices Totals =	= 0.24000 = 0.42268 77 48 125

# **Penalty Assessments and Collections**

Files Audited: 135
Indemnity 131
Medical Only 0
Denied 0
Complaints 4
Additional 0

**Audit No: SAC-13-03-R2-5** 

**Subject:** Arkansas Claims Management

Location: Sacramento Type: TPA

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	NO
1	53	\$10,560	\$0	\$10,560	\$0		X
2	18	\$5,880	\$0	\$5,880	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	104	\$12,045	\$6,640	\$5,405	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	26	\$9,800	\$9,800	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	36	\$13,900	\$13,900	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	21	\$6,600	\$0	\$6,600	\$0		X
18 b	4	\$1,600	\$0	\$1,600	\$0		X
18 c	1	\$1,000	\$0	\$1,000	\$0		X
18 d	18	\$1,425	\$0	\$1,425	\$0		X
18 e	2	\$2,000	\$0	\$2,000	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	283	\$64,810	\$30,340	\$34,470	\$0		

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due Page 1 of 2

**Audit No: SAC-13-03-R2-5** 

**Subject:** Arkansas Claims Management, Inc.

Location: Sacramento Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$617.22						\$617.22
2	\$429.36						\$429.36
3	\$137.70			\$38.97			\$176.67
4				\$438.86			\$438.86
5	\$61.51						\$61.51
6	\$111.42						\$111.42
7	\$72.00						\$72.00
8	\$936.48			\$132.07			\$1,068.55
9				\$101.26			\$101.26
10			\$531.43				\$531.43
11	\$1,376.00			\$423.60			\$1,799.60
12	\$396.18			\$106.67			\$502.85
13	\$490.50			\$49.05			\$539.55
14	\$667.79			\$85.56			\$753.35
15				\$74.67			\$74.67
16		\$54.27				\$2.57	\$56.84
17				\$210.00			\$210.00
18	\$419.18			\$204.67			\$623.85
19				\$320.00			\$320.00
20	\$564.08			\$37.03			\$601.11
21		\$6,041.20		\$604.12			\$6,645.32
SUBTOTAL	\$6,279.42	\$6,095.47	\$531.43	\$2,826.53	\$0.00	\$2.57	\$15,735.42

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due Page 2 of 2

**Audit No: SAC-13-03-R2-5** 

**Subject:** Arkansas Claims Management, Inc.

Location: Sacramento Type: TPA

Temporary Disability	Permanent Disability	VRMA	Self- imposed	Death Benefits	Penalty interest,	Total
			Increase		or other	
			\$28.00			\$28.00
\$1,342.39						\$1,342.39
\$25.77						\$25.77
	\$420.00					\$420.00
	\$1,521.20		\$152.12		\$84.19	\$1,757.51
		\$524.04				\$524.04
\$252.04						\$252.04
\$81.22						\$81.22
\$761.14						\$761.14
	\$1,342.39 \$252.77 \$252.04 \$81.22	Disability Disability  \$1,342.39 \$25.77 \$420.00 \$1,521.20  \$252.04 \$81.22	Disability Disability  \$1,342.39 \$25.77  \$420.00 \$1,521.20  \$524.04 \$81.22	Disability Disability imposed Increase \$28.00 \$1,342.39 \$25.77 \$420.00 \$1,521.20 \$524.04 \$81.22	Disability Disability imposed Increase Senefits  \$1,342.39 \$25.77 \$420.00 \$1,521.20 \$524.04 \$81.22	Disability Disability imposed Increase Benefits interest, or other  \$1,342.39 \$25.77 \$420.00 \$1,521.20 \$524.04 \$81.22

# **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: SAC-05-03-R1-6** 

Subject: Association of California Water Agencies / JPA

**Location: Citrus Heights** 

1. FACTOR FOR FAILURE TO PAY ACCRUED AND UNDISPUTED INDEMNITY								
A. Frequency Rate	_							
# claims with unpd indem	6	divide by # c	laims with payable	e indem	50	=	0.12000	
B. Average Amount of Ur	npaid Indemnity	per Claim wi	th Obligation to Pa	av Indemnit	V			
Total unpd indem. =	\$ 1,178.27	divide by	# of claims witl			n.	50	
					Avg Unpd		\$ 23.57	
C. Severity Rate Avg Unpd Indem	\$ 23.57	divide by a	vg unpd indem 199	00-2001 of	\$ 186.21	=	0.12655	
Avg Onpu muem	\$ 23.37	divide by a	vg unpu muem 17.	77-2001 01	\$ 100.21	_	0.12033	
D. Factor for Failure to pa	y Undisputed A	Accrued Indem						
Frequency rate	0.12000	X	Severity rate	0.12655	X	modifier of	2	
						=	0.03037	
2. FACTOR FOR LATE I	FIRST PAYME	ENT OF TEME	PORARY DISABI	LITY OR F	IRST NOTI	CE.		
# claims with late 1st TD	111011111111	3	divide by # with			47		
# claims with late first SC	notice	0	divide by # wit			0		
	Totals	3	divide by	•	Totals	47	=	
							0.06383	
2 EACTOR FOR LATE I	CIDCT DAXAL	NIT OF DEDA	AANIENIT DICADI	LITY VDA	(A AND DI	EATH DENE	TTC	
3. FACTOR FOR LATE I # claims with late first PD	FIRST PAYME	OF PERM 0	divide by # with		IA, AND DI	eath bener 0	115	
# claims with late first VR	MA	0	divide by # with		A	0		
# claims with late first DB		0	divide by # with			0		
	Totals	0	divide by	•	Totals	0	=	
							0.00000	
4 FACTOR FOR LATE	OLIDOFOLIENIA	DIDELOUES	Z DANA CENTEC				1	
4. FACTOR FOR LATE S		INDEMNIT:	divide by # with	h cubcaquan	t navments	37	=	
# claims with fate subsequi	ent payments	7	divide by # with	ii suosequen	t payments	31	0.10811	
							0.10011	
5. FACTOR FOR PROVI	SION OF AME	E/QME NOTIO	CES AND NOTIC	ES OF POT	ENTIAL			
ELIGIBILITY FOR VOCA								
# claims with AME/QME			2		requiring no		42	
# claims with VR potential	l eligibility noti		1	divide by #	requiring no		7	
		Totals	3			Totals	49	
						=	0.06122	
PROFILE AUDIT REVI	FW ÞEÐE∪Ð	MANCE DAT	FING				0.26354	
Profile Audit Review Per				g score.			0.20334	

### **Penalty Assessments and Collections**

Files Audited: 50
Indemnity 0
Medical Only 0
Denied 0
Complaints 0
Additional 0

Audit No: SAC-05-03-R1-6

**Subject:** Association of California Water

**Agencies / JPA** 

Location: Citrus Heights Type: SI

	# of	Total \$	Total S	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	INO
1	4	\$250	\$250	\$0	\$0		X
2	0	\$0	\$0	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	2	\$50	\$50	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	1	\$400	\$400	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	2	\$500	\$500	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	5	\$600	\$600	\$0	\$0		X
18 b	1	\$200	\$200	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	0	\$0	\$0	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	15	\$2,000	\$2,000	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: SAC-05-03-R1-6** 

Subject: Association of California Water Agencies / JPA

Location: Citrus Heights Type: TPA

1 \$141.61 2 \$204.90 3 \$74.50 4 \$577.15 5 \$66.85 6 \$39.77	Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed Increase	Death Benefits	Penalty Interest or Other	Total
3 \$74.50 4 \$577.15 \$577.15 \$577.11 \$634.86 5 \$66.85	1	\$141.61						\$153.17
4 \$577.15 \$57.71 \$634.86 5 \$66.85 \$66.85	2	\$204.90						\$204.90
5 \$66.85 \$66.85	3	\$74.50			\$4.22			\$78.72
	4		\$577.15		\$57.71			\$634.86
6 \$39.77	5	\$66.85						\$66.85
	6	\$39.77						\$39.77
TOTAL \$527.63 \$577.15 \$0.00 \$73.49 \$0.00 \$0.00 \$1,178.27	TOTAL	\$527.62	\$577.15	ድስ ስስ	\$73.40	\$0.00	\$0.00	\$1,178.27

# **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: LAO-12-03-R1-5

**Subject: Buckeye Claims Administrators** 

**Location: Cerritos** 

1. FACTOR FOR FAILUI	RE TO PAY A	CCRUED ANI	1. FACTOR FOR FAILURE TO PAY ACCRUED AND UNDISPUTED INDEMNITY									
A. Frequency Rate												
# claims with unpd indem	16	divide by # cl	laims with payable	e indem	55	=	0.29091					
D. A A			1. Ohli	. T. 1								
B. Average Amount of Un Total unpd indem. =	spaid Indemnity \$7,702.75	divide by	th Obligation to Pa # of claims with	-		<b>n</b>	55					
rotai unpu muem. –	\$1,102.13	divide by	# Of Claims with	i obligation	Avg Unpd		\$ 140.05					
					rivg Onpu	IIIQ	\$ 140.03					
C. Severity Rate												
Avg Unpd Indem	\$ 140.05	divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.75211					
D. Factor for Failure to pa			-									
Frequency rate	0.29091	X	Severity rate	0.75211	X	modifier of						
						=	0.43759					
2. FACTOR FOR LATE F	FIRST DAVME	NT OF TEMP	ORARV DISARI	LITV OR E	IRST NOTI	CF						
# claims with late 1st TD	TRSTTATME	18	divide by # witl			37						
# claims with late first SC	notice	6	divide by # with			13						
	Totals	24	divide by		Totals	50	=					
			J				0.48000					
3. FACTOR FOR LATE I	FIRST PAYME				IA, AND DI		FITS					
# claims with late first PD		1	divide by # witl			15						
# claims with late first VRI	MA	2	divide by # witl			5						
# claims with late first DB	T-4-1-	3	divide by # with	h first DB pa		$\frac{0}{20}$	_					
	Totals	3	divide by		Totals	20	0.15000					
							0.13000					
4. FACTOR FOR LATE S	SUBSEQUENT	INDEMNITY	PAYMENTS				1					
# claims with late subseque		22	divide by # witl	h subsequen	t payments	44	=					
1	1 3		,	•	1 5		0.50000					
5. FACTOR FOR PROVIS				ES OF POT	ENTIAL							
ELIGIBILITY FOR VOCA												
# claims with AME/QME i					requiring no		26					
# claims with VR potential	eligibility notic		<u>7</u> 15	divide by #	requiring no		10					
		Totals	15			Totals	36					
						=	0.41667					
PROFILE AUDIT REVIEW PERFORMANCE RATING 1.984												
PROFILE AUDIT REVI				g score.			1.98426					

## **Penalty Assessments and Collections**

Files Audited: 55
Indemnity 55
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: LAO-12-03-R1-5** 

**Subject:** Buckeye Claims Administrators

Location: Cerritos Type: TPA

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Vac	Nia
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	20	\$3,905	\$3,905	\$0	\$0		X
2	1	\$50	\$50	\$0	\$0		X
3	2	\$825	\$825	\$0	\$0		X
4	55	\$5,060	\$5,060	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	1	\$100	\$100	\$0	\$0		X
7	5	\$345	\$345	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	6	\$2,100	\$2,100	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	7	\$2,800	\$2,800	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	8	\$2,750	\$2,750	\$0	\$0		X
18 b	1	\$200	\$200	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	13	\$1,000	\$1,000	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	119	\$19,135	\$19,135	\$0	\$0		

**Notices of Compensation Due** 

Audit No: LAO-12-03-R1-5

**Subject: Buckeye Claims Administrators** 

Location: Cerritos Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$118.40			\$118.40
2				\$41.15			\$41.15
3				\$186.96			\$186.96
4				\$27.00			\$27.00
5				\$427.29			\$427.29
6		\$640.00		\$64.00			\$704.00
7				\$18.22			\$18.22
8	\$4,642.63						\$4,642.63
9	\$184.60			\$8.45			\$193.05
10				\$112.46			\$112.46
11				\$84.53			\$84.53
12	\$297.20			\$29.72			\$326.92
13	\$45.74						\$45.74
14	\$20.28			\$2.03			\$22.31
15	\$708.40			\$1.32			\$709.72
16	\$38.52			\$3.85			\$42.37
TOTAL	\$5,937.37	\$640.00	\$0.00	\$1,125.38	\$0.00	\$0.00	\$7,702.75

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: LAO-11-03-R1-5** 

**Subject:** Cambridge Integrated Services Group, Inc.

**Location: San Diego** 

1. FACTOR FOR FAILUI	RE TO PAY A	CCRUED ANI	D UNDISPUTED	INDEMNI	ГҮ		
A. Frequency Rate							1
# claims with unpd indem	10	divide by # cl	laims with payable	e indem	52	=	0.19231
D 4 CII		G1 : ::	1.011				
B. Average Amount of Un		*		•			52
Total unpd indem. =	\$ 9,487.87	divide by	# of claims with	n obligation	Avg Unpd		52 \$ 182.46
					Avg Olipu	mu –	\$ 182.40
C. Severity Rate							
Avg Unpd Indem	\$ 182.46	divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.97986
		,					
D. Factor for Failure to pa			<u>nity</u>				
Frequency rate	0.19231	X	Severity rate	0.97986	X	modifier of	2
						=	0.37687
2 FACTOR FOR LATE I	CID CT DANAI	ENT OF TEMP	OD A DAY DIG A DI	I ITV OD F	IDOT NOTE	OF.	
2. FACTOR FOR LATE F # claims with late 1st TD	TRSI PATMI	ENT OF TEMP	divide by # wit			36	
# claims with late first SC i	notice	3	divide by # wit			9	
# Claims with fate first SC I	Totals	11	divide by	ii salai y con	Totals	45	=
	101115		arriae oy		101115	15	0.24444
							******
3. FACTOR FOR LATE F	FIRST PAYMI	ENT OF PERM	ANENT DISABI	LITY, VRM	IA, AND DE	EATH BENEI	FITS
# claims with late first PD		2	divide by # wit			28	
# claims with late first VR	MA	2	divide by # wit			9	
# claims with late first DB	_	0	divide by # wit	h first DB p		0	•
	Totals	4	divide by		Totals	37	=
							0.10811
4. FACTOR FOR LATE S	HIDCEOLIENT	TINDEMNITY	DAVMENTS				1
# claims with late subseque		9	divide by # wit	h subsequen	t navments	35	=
# Claims with fate subseque	ant payments	,	divide by # wit	n subsequen	it payments	33	0.25714
							0.23711
5. FACTOR FOR PROVIS	SION OF AMI	E/QME NOTIC	ES AND NOTIC	ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCA	ATIONAL REI	HABILITATIO	)N				
# claims with AME/QME i			4		requiring no		40
# claims with VR potential	eligibility noti		5	divide by #	requiring no		16
		Totals	9			Totals	56
							0.16071
						=	0.16071
PROFILE AUDIT REVI	FW PFRF∩R	MANCE PAT	ING				1.14728
Profile Audit Review Per				g score.			1,14720

**Penalty Assessments and Collections** 

Files Audited: 52
Indemnity 52
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No:** LAO-11-03-R1-5

**Subject:** Cambridge Integrated Services Group

**Location:** San Diego Type: TPA

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	8	\$1,175	\$1,175	\$0	\$0		X
2	2 2	\$130	\$130	\$0	\$0		X
3		\$50	\$50	\$0	\$0		X
4	22	\$1,145	\$1,145	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	3	\$130	\$130	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	5	\$1,700	\$1,700	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	4	\$1,100	\$1,100	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	5	\$2,550	\$2,550	\$0	\$0		X
18 b	1	\$200	\$200	\$0	\$0		X
18 c	1	\$300	\$300	\$0	\$0		X
18 d	6	\$575	\$575	\$0	\$0		X
18 e	1	\$100	\$100	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	60	\$9,155	\$9,155	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: LAO-11-03-R1-5** 

**Subject:** Cambridge Integrated Services Group, Inc.

Location: San Diego Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$356.90			\$153.17			\$510.07
2				\$59.14			\$59.14
3	\$794.44						\$794.44
4						\$123.55	\$123.55
5	\$5,089.71			\$508.97			\$5,598.68
6				\$255.00			\$255.00
7				\$89.66			\$89.66
8				\$56.62			\$56.62
9	\$156.99	\$90.70	\$496.18	\$79.64			\$823.51
10	\$1,076.90			\$100.30			\$1,177.20
TOTAL	\$7,474.94	\$90.70	\$496.18	\$1,302.50	\$0.00	\$123.55	\$9,487.87

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: SAC-09-03-R1-5** 

**Subject:** Carpenter Claims Service

Location: Madera

1. FACTOR FOR FAILU	RE TO PAY	ACCRUED ANI	O UNDISPUTED	INDEMNI	ГҮ		7
A. Frequency Rate							<del></del>
# claims with unpd indem	1	divide by # cl	aims with payable	e indem	14	=	0.07143
T							
B. Average Amount of Un				•			1.4
Total unpd indem. =	\$ 39.9	98 divide by	# of claims witl	n obligation	Avg Unpd		14 \$ 2.86
					Avg Onpu	mu –	\$ 2.00
C. Severity Rate							
Avg Unpd Indem	\$ 2.5	86 divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.01534
5 1		,					
D. Factor for Failure to pa	y Undispute	d Accrued Indemi	<u>nity</u>				
Frequency rate	0.071	.43 X	Severity rate	0.01534	X	modifier o	
						=	0.00219
2 FACTOR FOR LATE	CIDOT DAX	MENTE OF TEND	OD A DAY DIGA DI	LITYODE	IDOT NOT	OF	
2. FACTOR FOR LATE 1 # claims with late 1st TD	FIRST PAYE	MENT OF TEMP	divide by # with			13	
# claims with late first SC	notice	0	divide by # with			0	
# Claims with late first SC	Totals	1	divide by # with	ii salai y con	Totals	13	<del>-</del> =
	101415	1	divide by		Totals	13	0.07692
							0.07092
3. FACTOR FOR LATE	FIRST PAYI	MENT OF PERM	ANENT DISABI	LITY, VRN	IA, AND D	EATH BENI	EFITS
# claims with late first PD		0	divide by # with			2	
# claims with late first VR		0	divide by # with			0	
# claims with late first DB		0	divide by # with	h first DB p		0	_
	Totals	0	divide by		Totals	2	=
							0.00000
4. FACTOR FOR LATE	CLIDGEOLIE.	NT INDEMNITY	DAVMENTS				
# claims with late subsequ			divide by # with	h subsequer	t navments	11	=
# claims with fate subsequ	ciii payiiiciiis	0	divide by # with	ii suoscqueii	n payments	11	0.00000
							0.00000
5. FACTOR FOR PROVI	SION OF A	ME/QME NOTIC	ES AND NOTIC	ES OF POT	ENTIAL		
ELIGIBILITY FOR VOC							
# claims with AME/QME			0		requiring no		11
# claims with VR potentia	l eligibility n	otice violations	0	divide by #	requiring no	otices	1
		Totals	0			Totals	12
						=	0.00000
	EW DEDEC	DMANGE BAT	NAC .				0.05011
PROFILE AUDIT REVI	EW PERFO	KMANCE RAT	ING				0.07911

**Penalty Assessments and Collections** 

Files Audited: 14
Indemnity 0
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: SAC-09-03-R1-5** 

**Subject:** Carpenter Claims Service

Location: Madera Type: TPA

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Vac	Nia
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	1	\$25	\$25	\$0	\$0		X
2	0	\$0	\$0	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	0	\$0	\$0	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	0	\$0	\$0	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	0	\$0	\$0	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	1	\$100	\$100	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	0	\$0	\$0	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	2	\$125	\$125	\$0	\$0	_	

**Notices of Compensation Due** 

**Audit No: SAC-09-03-R1-5** 

**Subject:** Carpenter Claims Service

Location: Madera Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$36.35			\$3.63			\$39.98
TOTAL	\$36.35	\$0.00	\$0.00	\$3.63	\$0.00	\$0.00	\$39.98

#### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: SFO-03-03-R1-1

**Subject:** Chubb Group of Insurance Companies

**Location: Pleasanton** 

1. FACTOR FOR FAILUI	RE TO PAY A	CCRUED ANI	O UNDISPUTED	INDEMNI	ГҮ		1
A. Frequency Rate							•
# claims with unpd indem	8	divide by # cl	aims with payable	indem	53	=	0.15094
D 4 CIT		al : ·	1 011' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	T 1			
B. Average Amount of Un				•			52
Total unpd indem. =	\$ 14,477.36	divide by	# of claims with	i obligation	Avg Unpd		53 \$ 273.16
					Avg Onpu	ma –	\$ 2/3.10
C. Severity Rate							
Avg Unpd Indem	\$ 273.16	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	1.46693
11.8 cupa maem	<b>4 2</b> ,5.10	arriae oy ar	g unpu muum 199	, 2001 01	ψ 100. <b>2</b> 1		100,5
D. Factor for Failure to pa	y Undisputed A	Accrued Indem	<u>nity</u>				
Frequency rate	0.15094	X	Severity rate	1.46693	X	modifier of	2
						=	0.44285
2. FACTOR FOR LATE F	FIRST PAYME						
# claims with late 1st TD		18	divide by # with			48	
# claims with late first SC		2	divide by # with	n salary con		3	-
	Totals	20	divide by		Totals	51	=
							0.39216
3. FACTOR FOR LATE F	SIRST PAVME	NT OF PERM	ANENT DISARI	I ITV VRA	IA AND DE	EATH RENE	PITS
# claims with late first PD	IKST 1711WIE	5	divide by # with		111, 11110 01	21	110
# claims with late first VRI	MA	1	divide by # with		A	5	
# claims with late first DB		0	divide by # with			0	
	Totals	6	divide by	r	Totals	26	=
			,				0.23077
4. FACTOR FOR LATE S		INDEMNITY					
# claims with late subseque	ent payments	17	divide by # with	n subsequen	t payments	38	=
							0.44737
5. FACTOR FOR PROVIS				ES OF POT	ENTIAL		
# alaims with AME/OME				4:: 4 a 1a #		4:	39
# claims with AME/QME i					requiring no		
# claims with VR potential	engionity non	Totals	23	aivide by #	requiring no	Totals	<u>18</u> 57
		Totals	23			Totals	37
						=	0.40351
PROFILE AUDIT REVI	EW PERFOR	MANCE RAT	ING				1.91665
Profile Audit Review Per	formance Rati	ng of 2.10 or c	reater is a failing	TSCORE			

#### **Penalty Assessments and Collections**

Files Audited: 54
Indemnity 53
Medical Only 0
Denied 0
Complaints 1
Additional 0

**Audit No: SFO-03-03-R1-1** 

**Subject:** Chubb Group of Insurance Companies

**Location: Pleasanton Type: INS** 

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	19	\$1,035	\$1,035	\$0	\$0		X
2	5	\$1,760	\$1,760	\$0	\$0		X
3	1	\$25	\$25	\$0	\$0		X
4	43	\$2,945	\$2,945	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	2	\$105	\$105	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	10	\$3,600	\$3,600	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	12	\$4,400	\$4,400	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	3	\$800	\$800	\$0	\$0		X
18 b	1	\$400	\$400	\$0	\$0		X
18 c	1	\$1,000	\$1,000	\$0	\$0		X
18 d	9	\$525	\$525	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	106	\$16,595	\$16,595	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: SFO-03-03-R1-1** 

**Subject:** Chubb Group of Insurance Companies

Location: Pleasanton Type: INS

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1		\$1,652.00		\$473.20			\$2,125.20
2	\$140.00			\$273.00			\$413.00
3				\$252.00			\$252.00
4				\$34.00			\$34.00
5			\$10,253.46	\$82.83			\$10,336.29
6	\$985.69						\$985.69
7	\$303.06						\$303.06
8				\$28.12			\$28.12
TOTAL	\$1,428.75	\$1,652.00	\$10,253.46	\$1,143.15	\$0.00	\$0.00	\$14,477.36

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: SFO-14-03-R1-6

**Subject:** City and County of San Francisco

**Location: San Francisco** 

1. FACTOR FOR FAILU	RE TO PAY A	CCRUED ANI	O UNDISPUTED	INDEMNIT	Υ		1
A. Frequency Rate							_
# claims with unpd indem	0	divide by # cl	aims with payable	indem	58	=	0.00000
B. Average Amount of Ur	npaid Indemnit						
Total unpd indem. =	\$ -	divide by	# of claims with	obligation	1 2		58
					Avg Unpd l	Ind =	\$ -
C. Severity Rate	ď.	11 1 1 1	1: 1 100	0.2001 6	ф. 10 <i>с</i> <b>2</b> 1		0.00000
Avg Unpd Indem	\$ -	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	0.00000
D. Factor for Failure to pa	v Undisputed	Accrued Indemi	nity				
Frequency rate	0.0000		Severity rate	0.00000	X	modifier of	2
1 3			J			=	0.00000
2. FACTOR FOR LATE I	FIRST PAYM						
# claims with late 1st TD		5	divide by # with			17	
# claims with late first SC		7	divide by # with	n salary con		38	_
	Totals	12	divide by		Totals	55	=
							0.21818
3. FACTOR FOR LATE I	FIRST PAYM	ENT OF PERM	ANFNT DISARII	ITY VRM	AND DE	ATH RENEE	ITS
# claims with late first PD		0	divide by # with		,	15	-110
# claims with late first VR	MA	0	divide by # witl		A	0	
# claims with late first DB		0	divide by # with			0	
	Totals	0	divide by	•	Totals	15	=
							0.00000
4. FACTOR FOR LATE S							
# claims with late subseque	ent payments	2	divide by # with	n subsequen	t payments	28	=
							0.07143
5 FLOTION FOR ED ST	GIONI OF 13.5	E/OVE MOTO	EG AND NOTTO	ac of nor	EN IERT A T		
5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA				ES OF POT	ENTIAL		
# claims with AME/QME				divide by #	requiring not	tices	32
# claims with VR potential					requiring not		1
" claims with vic potential	ciigiointy not	Totals	10	divide by n	requiring not	Totals	33
						=	0.30303
PROFILE AUDIT REVI	EW DEDEAL	MANCE DAT	INC				0.59264
	EW PERFOR	WIANCE RAI	ING				0.59204

**Notices of Compensation Due** 

Audit No: SFO-14-03-R1-6

**Subject:** City and County of San Francisco

Location: San Francisco Type: SI

# No Undisputed Compensation Was Found Unpaid

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Notices of Compensation Due** 

Audit No: SFO-14-03-R1-6

**Subject:** City and County of San Francisco

Location: San Francisco Type: SI

# No Undisputed Compensation Was Found Unpaid

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: VNO-02-03-R1-6

**Subject:** City of Glendale

**Location:** Glendale

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED AN	D UNDISPUTED	INDEMNI	ГҮ		1
A. Frequency Rate							<b>⊒</b>
# claims with unpd indem	5	divide by # c	laims with payable	indem	51	=	0.09804
B. Average Amount of Unp		~					
Total unpd indem. =	\$ 9,865.58	divide by	# of claims with	n obligation	1 2		51
					Avg Unpd	Ind =	\$ 193.44
C. Carrarita Bata							
C. Severity Rate Avg Unpd Indem	\$ 193.44	divide by av	g unpd indem 199	0-2001 of	\$ 186.21	=	1.03884
Avg Onpu muem	ā 193.44	divide by av	g unpu muem 199	79-2001 01	\$ 100.21	_	1.03004
D. Factor for Failure to pay	Undisputed A	Accrued Indem	<u>nity</u>				
Frequency rate	0.09804	X	Severity rate	1.03884	X	modifier of	
						=	0.20369
A ELOTOR FOR LATE D	DOT DATE		OB ABA BIGABI	I ITII OD E	TD CT NOT	OF.	
2. FACTOR FOR LATE FI	RSTPAYME					0 0	
# claims with late 1st TD	_4:	0	divide by # with			-	
# claims with late first SC n	ouce Fotals	13	divide by # with divide by	i saiary con	Totals	50	_
	iotais	13	divide by		Totals	30	0.26000
							0.20000
3. FACTOR FOR LATE FI	RST PAYME	ENT OF PERM	IANENT DISABI	LITY. VRM	IA. AND DI	EATH BENE	FITS
# claims with late first PD	· · ·	4	divide by # witl		,	13	
# claims with late first VRM	ſΑ	0	divide by # with		A	1	
# claims with late first DB		0	divide by # with			0	
	Γotals	4	divide by	•	Totals	14	=
							0.28571
4. FACTOR FOR LATE SU							
# claims with late subsequer	nt payments	3	divide by # with	n subsequen	t payments	12	=
							0.25000
5 FACTOR FOR PROVIS	ION OF AME	E/OME NOTIC	TEC AND MOTICE	CC OF DOT	TAITTAT		
5. FACTOR FOR PROVIS ELIGIBILITY FOR VOCA				ES OF POT	ENTIAL		
# claims with AME/QME no				divide by #	requiring no	otices	43
# claims with VR potential of					requiring no		3
" claims with the potential t	ongromity noti	Totals	4	uivide oy "	roquing no	Totals	46
						=	0.08696
						_	0.00070
PROFILE AUDIT REVIE							1.08637
Profile Audit Review Perfo	ormance Rati	ing of 2.10 or <b>s</b>	greater is a failing	g score.			

## **Penalty Assessments and Collections**

Files Audited: 51
Indemnity 51
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: VNO-02-03-R1-6** 

**Subject:** City of Glendale

Location: Glendale Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item#	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	0	\$0	\$0	\$0	\$0		X
2	4	\$1,610	\$1,610	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	3	\$1,440	\$1,440	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	13	\$745	\$745	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	0	\$0	\$0	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	4	\$1,500	\$1,500	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	1	\$100	\$100	\$0	\$0		X
18 b	3	\$1,700	\$1,700	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	4	\$400	\$400	\$0	\$0		X
18 e	1	\$100	\$100	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	33	\$7,595	\$7,595	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: VNO-02-03-R1-6** 

**Subject:** City of Glendale

Location: Glendale Type: SI

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed	Death Benefits	Penalty Interest	Total
				Increase		or Other	
1		\$48.57		\$937.43			\$986.00
2		\$3,988.00		\$686.80			\$4,674.80
3		\$175.71		\$909.71			\$1,085.42
4		\$2,720.00		\$356.00			\$3,076.00
5	\$43.36	\$0.00		\$0.00			\$43.36
TOTAL	\$43.36	\$6,932.28	\$0.00	\$2,889.94	\$0.00	\$0.00	\$9,865.58

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: AHM-09-03-R1-6

**Subject: City of Huntington Beach** 

**Location: Huntington Beach** 

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED AN	D UNDISPUTED IN	NDEMNITY	7		1
A. Frequency Rate							
# claims with unpd indem	6	divide by # c	laims with payable in	ndem	53	=	0.11321
B. Average Amount of Un							
Total unpd indem. =	\$ 1,216.26	divide by	# of claims with o	_	1 2		53
				1	Avg Unpd	Ind =	\$ 22.95
C. Severity Rate							
Avg Unpd Indem	\$ 22.95	divide by av	g unpd indem 1999-	·2001 of	\$ 186.21	=	0.12324
	TT 1: 4 1	. 17 1	٠,				
D. Factor for Failure to pay	*		<u>nity</u> Severity rate	0.12	v	1:0: (	. 2
Frequency rate	0.11	l X	Severity rate	0.12	X	modifier of	0.02790
						_	0.02790
2. FACTOR FOR LATE F	IRST PAYMI	ENT OF TEMP	ORARY DISABILI	TY OR FIR	ST NOTIO	CE.	
# claims with late 1st TD	11111111	0	divide by # with 7			0	
# claims with late first SC n	otice	1	divide by # with s			46	
	Totals	1	divide by	-	Γotals	46	<del>-</del> =
							0.02174
3. FACTOR FOR LATE F	IRST PAYMI	ENT OF PERM	IANENT DISABILI	TY, VRMA	, AND DE	EATH BENE	FITS
# claims with late first PD		7	divide by # with f			21	-
# claims with late first VRN	ЛA	0	divide by # with f	irst VRMA		0	
# claims with late first DB		0	divide by # with f	irst DB paid	d	0	
	Totals	7	divide by		Γotals	21	=
							0.33333
4. FACTOR FOR LATE S		T INDEMNITY					
# claims with late subseque	nt payments	0	divide by # with s	subsequent p	payments	5	=
							0.00000
							-
5. FACTOR FOR PROVIS				OF POTE	NTIAL		
ELIGIBILITY FOR VOCA				.1 1 //			
# claims with AME/QME n				vide by # re			44
# claims with VR potential	eligibility noti			vide by # re	equiring no		4
		Totals	14			Totals	48
						=	0.29167
PROFILE AUDIT REVIE  Profile Audit Review Perf	EW PERFOR	MANCE RAT	ΓING				0.67464

#### **Penalty Assessments and Collections**

Files Audited: 53
Indemnity 53
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: AHM-09-03-R1-6** 

**Subject:** City of Huntington Beach

Location: Huntington Beach Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	110
1	0	\$0	\$0	\$0	\$0		X
2	7	\$830	\$830	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	0	\$0	\$0	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	1	\$20	\$20	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	3	\$1,500	\$1,500	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	11	\$5,100	\$5,100	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	1	\$200	\$200	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	6	\$600	\$600	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	29	\$8,250	\$8,250	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: AHM-09-03-R1-6** 

**Subject:** City of Huntington Beach

Location: Huntington Beach Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$84.00			\$84.00
2				\$168.00			\$168.00
3		\$113.40		\$220.86			\$334.26
4				\$210.00			\$210.00
5				\$210.00			\$210.00
6				\$210.00			\$210.00
TOTAL	\$0.00	\$113.40	\$0.00	\$1,102.86	\$0.00	\$0.00	\$1,216.26

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: AHM-05-03-R1-6** 

**Subject:** City of Long Beach

**Location: Long Beach** 

1. FACTOR FOR FAILURE TO PAY	ACCRUED AN	D UNDISPUTED	INDEMNI	ГΥ		
A. Frequency Rate						_
# claims with unpd indem 4	divide by # c	laims with payable	e indem	56	=	0.07143
D. A A CHI 11. 1	uit uu Claim i	d. Obligadian ta D	. T. 1			
B. Average Amount of Unpaid Indem Total unpd indem. = \$853						<b>5</b> (
Total unpd indem. = \$853	.25 divide by	# of claims witl	n obligation	Avg Unpd		56 \$ 15.24
				Avg Onpu	ma –	\$ 13.24
C. Severity Rate						
	.24 divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.08182
rrig empu muum		B unpu muem 199	2001 01	↓ 100. <b>2</b> 1		0.00102
D. Factor for Failure to pay Undispute	ed Accrued Indem	<u>nity</u>				
Frequency rate 0.07	143 X	Severity rate	0.08182	X	modifier of	2
					=	0.01169
2. FACTOR FOR LATE FIRST PAY						
# claims with late 1st TD	1	divide by # with			3	
# claims with late first SC notice	5	divide by # with	h salary con		51	_
Totals	6	divide by		Totals	54	=
						0.11111
3. FACTOR FOR LATE FIRST PAY	MENIT OF DEDIV	A MENIT DICADI	LITV VDA	IA AND DI	EATH DENIE	EITC
# claims with late first PD	6	divide by # with		ia, and di	22	F113
# claims with late first VRMA	0	divide by # with		Δ	1	
# claims with late first DB	0	divide by # with			0	
Totals	6	divide by	n mot DD p	Totals	23	=
	•					0.26087
4. FACTOR FOR LATE SUBSEQUE	ENT INDEMNITY	PAYMENTS				
# claims with late subsequent payment	s 1	divide by # witl	h subsequen	t payments	23	=
						0.04348
5. FACTOR FOR PROVISION OF A			ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCATIONAL I						
# claims with AME/QME notice viola				requiring no		51
# claims with VR potential eligibility i		6	divide by #	requiring no		9
	Totals	24			Totals	60
					=	0.40000
						0.10000
PROFILE AUDIT REVIEW PERFO	ORMANCE RAT	ΓING				0.82715

#### **Penalty Assessments and Collections**

Files Audited: 56
Indemnity 56
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: AHM-05-03-R1-6** 

**Subject:** City of Long Beach

Location: Long Beach Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	INO
1	1	\$50	\$50	\$0	\$0		X
2 3	6	\$1,295	\$1,295	\$0	\$0		X
	0	\$0	\$0	\$0	\$0		X
4	1	\$160	\$160	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	5	\$120	\$120	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	6	\$1,900	\$1,900	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	18	\$7,200	\$7,200	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	4	\$350	\$350	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	41	\$11,075	\$11,075	\$0	\$0		

**Notices of Compensation Due** 

Audit No: AHM-05-03-R1-6

**Subject: City of Long Beach** 

Location: Long Beach Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$49.00			\$49.00
2				\$617.14			\$617.14
3				\$157.71			\$157.71
4				\$29.40			\$29.40
TOTAL	\$0.00	\$0.00	\$0.00	\$853.25	\$0.00	\$0.00	\$853.25

# Calendar Year: 2003

#### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: VNO-16-03-R2-6

**Subject:** City of Los Angeles

**Location: Los Angeles** 

1. FACTOR FOR FAILU	1. FACTOR FOR FAILURE TO PAY ACCRUED AND UNDISPUTED INDEMNITY									
A. Frequency Rate							4			
# claims with unpd indem	19	divide by # c	laims with payable	e indem	58	=	0.32759			
B. Average Amount of Ur	npaid Indemnity	v per Claim wit	th Obligation to Pa	v Indemnit	v					
Total unpd indem. =	\$ 14,521.47		# of claims with			n.	58			
					Avg Unpd	Ind =	\$ 250.37			
C. C. with But.										
C. Severity Rate Avg Unpd Indem	\$ 250.37	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	1.34456			
rivg onpu muom	ψ 250.57	arviae by av	g unpa maem 199	2001 01	Ψ 100.21		1.5 1 150			
D. Factor for Failure to pa	y Undisputed A	Accrued Indem								
Frequency rate	0.32759	) X	Severity rate	1.34456	X	modifier of	2			
						=	0.88092			
2. FACTOR FOR LATE I	FIRST PAYME	ENT OF TEMP	ORARY DISABI	LITY OR F	TRST NOTIO	CE				
# claims with late 1st TD		3	divide by # with			6				
# claims with late first SC	notice	10	divide by # with	n salary con	tinuation	39	_			
	Totals	13	divide by		Totals	45	=			
							0.28889			
3. FACTOR FOR LATE I	FIRST PAYME	ENT OF PERM	IANENT DISARI	LITY VRM	IA AND DE	EATH BENEI	FITS			
# claims with late first PD	INSTITUTION	13	divide by # witl		171, 71110 01	18	.115			
# claims with late first VR	MA	0	divide by # witl		A	3				
# claims with late first DB		0	divide by # with	n first DB p	aid	0	_			
	Totals	13	divide by		Totals	21	=			
							0.61905			
4. FACTOR FOR LATE S	SHIDSEOHENI	T INDEMNITY	7 DAVMENTS							
# claims with late subseque		7	divide by # with	n subseauen	t payments	21	=			
		·			- P J		0.33333			
5. FACTOR FOR PROVI				ES OF POT	ENTIAL					
ELIGIBILITY FOR VOCA				1: :1.1. //		45	4.4			
# claims with AME/QME # claims with VR potential					requiring no		44 9			
# claims with VK potential	engionity non	Totals	24	uivide by #	requiring no	Totals	53			
		- 5 *****				- 0 4410				
						=	0.45283			
PROFILE AUDIT REVI	EW DEDEAD	MANCE DAT	TINC				2.57502			
Profile Audit Review Per				g score.			2.37302			

## **Full Compliance Audit Performance Rating of Randomly Selected Claims**

**Audit No: VNO-16-03-R2-6** 

**Subject: City of Los Angeles** 

**Location: Los Angeles** 

1. FACTOR FOR FAILURE TO PAY	ACCRUED AN	ND UNDISPUTED INDEMN	VITY		7
A. Frequency Rate					
# claims with unpd indem 26	divide by # cl	laims with payable indem	133	=	0.19549
B. Average Amount of Unpaid Indemni	tri man Claim iri	rith Obligation to Day Indom	.:		
Total unpd indem = \$26,298.43	ty per Ciaiiii w	# of claims with obligation			133
10tal ulipu liidelii – \$20,298.43		# of claims with obligation	Avg Unpd		\$ 197.73
			Avg Onpu	IIId —	\$ 197.73
C. Severity Rate					
Avg Unpd Ind. \$ 197.73	divide by av	g unpd indem 1999-2001 of	\$ 186.21	=	1.06188
11.8 01.Fu 11.01		8 m-1 m m	4		-110000
D. Factor for Failure to pay Undisputed	Accrued Inden	<u>nnity</u>			
Frequency rate 0.19549	X	Severity rate 1.06188	X	modifier of	
				=	0.41517
2. FACTOR FOR LATE FIRST PAYM					
# claims with late 1st TD	5	divide by # with TD paym		12	
# claims with late first SC notice	23	divide by # with salary co		96	_
Totals	28	divide by	Totals	108	=
					0.25926
3. FACTOR FOR LATE FIRST PAYM	ENT OF PERI	MANENT DISABILITY, VI	RMA, AND D	EATH BENI	EFITS
3. FACTOR FOR LATE FIRST PAYM # claims with late first PD	ENT OF PERM 17	MANENT DISABILITY, VI divide by # with first PD	RMA, AND D	EATH BENI 40	EFITS
		MANENT DISABILITY, VE divide by # with first PD divide by # with first VRM			EFITS
# claims with late first PD	17	divide by # with first PD	МА	40	EFITS
# claims with late first PD # claims with late first VRMA	17 0	divide by # with first PD divide by # with first VRM	МА	40 10	EFITS =
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0	divide by # with first PD divide by # with first VRM divide by # with first deat	ЛА h ben paid	40 10 0	_
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals	17 0 0 17	divide by # with first PD divide by # with first VRM divide by # with first deat divide by	ЛА h ben paid	40 10 0	
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals  4. FACTOR FOR LATE SUBSEQUEN	17 0 0 17 T INDEMNIT	divide by # with first PD divide by # with first VRN divide by # with first deat divide by  Y PAYMENTS	MA h ben paid Totals	40 10 0 50	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals	17 0 0 17	divide by # with first PD divide by # with first VRM divide by # with first deat divide by	MA h ben paid Totals	40 10 0	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals  4. FACTOR FOR LATE SUBSEQUEN	17 0 0 17 T INDEMNIT	divide by # with first PD divide by # with first VRN divide by # with first deat divide by  Y PAYMENTS	MA h ben paid Totals	40 10 0 50	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals  4. FACTOR FOR LATE SUBSEQUEN # claims with late subseq payments	17 0 0 17 TT INDEMNIT 13	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa	MA h ben paid Totals ayments	40 10 0 50	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals  4. FACTOR FOR LATE SUBSEQUEN # claims with late subseq payments  5. FACTOR FOR PROVISION OF AM	17 0 0 17 T INDEMNIT 13	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa	MA h ben paid Totals ayments	40 10 0 50	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0 17 T INDEMNIT 13 E/QME NOTI	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF POON	MA h ben paid Totals  ayments  OTENTIAL	40 10 0 50 45	= 0.34000 = 0.28889
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF POON  30 divide by	MA h ben paid Totals  ayments  OTENTIAL # requiring no	40 10 0 50 45	= 0.34000 = 0.28889
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 17 17 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF PO ON  30 divide by # divide by #	MA h ben paid Totals  ayments  OTENTIAL	40 10 0 50 45	= 0.34000 = 0.28889 102 19
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF POON  30 divide by	MA h ben paid Totals  ayments  OTENTIAL # requiring no	40 10 0 50 45	= 0.34000 = 0.28889
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 17 17 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF PO ON  30 divide by # divide by #	MA h ben paid Totals  ayments  OTENTIAL # requiring no	40 10 0 50 45	= 0.34000 = 0.28889 102 19 121
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 17 17 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF PO ON  30 divide by # divide by #	MA h ben paid Totals  ayments  OTENTIAL # requiring no	40 10 0 50 50 45	= 0.34000 = 0.28889 102 19
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF POON  30 divide by # 44  divide by #	MA h ben paid Totals  ayments  OTENTIAL # requiring no	40 10 0 50 50 45	= 0.34000 = 0.28889 102 19 121

**Audit No:** 

**Penalty Assessments and Collections** 

0

Files Audited: 135
Indemnity 133
Medical Only 0
Denied 0
Complaints 2

Additional

**Subject:** City of Los Angeles

**Location:** Los Angeles Type: SI

VNO-16-03-R2-6

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	INO
1	5	\$1,800	\$0	\$0	\$1,800		X
2 3	18	\$5,830	\$0	\$0	\$5,830		X
	0	\$0	\$0	\$0	\$0		X
4	22	\$3,585	\$525	\$0	\$3,060		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	23	\$1,120	\$1,120	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	14	\$5,000	\$5,000	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	30	\$11,600	\$11,600	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	11	\$4,800	\$0	\$0	\$4,800		X
18 b	6	\$1,950	\$0	\$0	\$1,950		X
18 c	1	\$750	\$0	\$0	\$750		X
18 d	23	\$2,000	\$0	\$0	\$2,000		X
18 e	1	\$100	\$0	\$0	\$100		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	154	\$38,535	\$18,245	\$0	\$20,290		

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due Page 1 of 2

Audit No: VNO-16-03-R2-6

**Subject:** City of Los Angeles

Location: Los Angeles Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$126.00						\$126.00
2	\$1,220.61	\$314.69		\$153.53			\$1,688.83
3				\$98.00			\$98.00
4	\$420.00						\$420.00
5	\$136.00					\$15.60	\$151.60
6	\$490.00	\$1,760.00		\$176.00			\$2,426.00
7				\$201.57			\$201.57
8				\$126.00			\$126.00
9				\$160.00			\$160.00
10				\$478.42			\$478.42
11				\$40.00			\$40.00
12			\$396.00				\$396.00
13	\$280.00						\$280.00
14				\$862.11			\$862.11
15	\$70.00						\$70.00
16	\$420.00			\$210.00			\$630.00
17		\$4,480.00		\$448.00			\$4,928.00
18	\$2,450.00			\$381.28			\$2,831.28
19	\$1,120.00			\$308.14			\$1,428.14
20	\$3,570.00						\$3,570.00
21		\$2,380.00		\$238.00			\$2,618.00
SUBTOTAL	\$10,302.61	\$8,934.69	\$396.00	\$3,881.05	\$0.00	\$15.60	\$23,529.95

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due Page 2 of 2

Audit No: VNO-16-03-R2-6

**Subject:** City of Los Angeles

Location: Los Angeles Type: SI

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed Increase	Death Benefits	Penalty interest, or other	Total
22				\$1,669.00			\$1,669.00
23				\$98.00			\$98.00
24	\$392.33			\$70.00			\$392.33
25	\$392.33			\$56.00			\$56.00
26		\$502.86		\$50.29			\$553.15
20		\$302.80		\$30.29			\$333.13

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: SAC-11-03-R1-6** 

**Subject:** City of Modesto

**Location: Modesto** 

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED ANI	D UNDISPUTED	INDEMNIT	ГҮ		1
A. Frequency Rate							<b>⊒</b>
# claims with unpd indem	2	divide by # cl	laims with payable	indem	47	=	0.04255
D. A A			d Obligation to Be	T., 1			
B. Average Amount of Unp	-	_					47
Total unpd indem. =	\$398.73	divide by	# of claims with	1 obligation			47 \$ 8.48
					Avg Unpd	ma –	\$ 0.40
C. Severity Rate							
Avg Unpd Indem	\$ 8.48	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	0.04556
D. Factor for Failure to pay				0.04556	37	1:0 0	2
Frequency rate	0.04255	X	Severity rate	0.04556	X	modifier of	0.00388
						_	0.00388
2. FACTOR FOR LATE FI	RST PAYME	NT OF TEMP	ORARY DISABI	LITY OR F	IRST NOTIO	CE	
# claims with late 1st TD		0	divide by # with			4	
# claims with late first SC n	otice	7	divide by # with	n salary con	tinuation	34	_
	Γotals	7	divide by		Totals	38	=
							0.18421
3. FACTOR FOR LATE FI	DST DAVME	NT OF PERM	IANENT DISARI	LITV VRM	(A AND DE	EATH RENE	FITS
# claims with late first PD	IKSTTATME	0	divide by # with		IA, AND DI	26	1115
# claims with late first VRM	1A	0	divide by # with		A	3	
# claims with late first DB		0	divide by # with			0	
-	Γotals	0	divide by	•	Totals	29	=
			•				0.00000
4. FACTOR FOR LATE SI				1		20	
# claims with late subsequer	nt payments	0	divide by # witl	1 subsequen	t payments	28	0.00000
							0.00000
5. FACTOR FOR PROVIS	ION OF AME	OME NOTIC	ES AND NOTICE	ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCA			N				
# claims with AME/QME no					requiring no		34
# claims with VR potential of	eligibility notic	ce violations	3	divide by #	requiring no	otices	6
		Totals	7			Totals	40
						=	0.17500
PROFILE AUDIT REVIE Profile Audit Review Perfo				g score.			0.36309

## **Penalty Assessments and Collections**

Files Audited: 47
Indemnity 47
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: SAC-11-03-R1-6** 

**Subject:** City of Modesto

Location: Modesto Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	INO
1	0	\$0	\$0	\$0	\$0		X
2	0	\$0	\$0	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	0	\$0	\$0	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	8	\$250	\$250	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	3	\$700	\$700	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	3	\$1,100	\$1,100	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	2	\$200	\$200	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	0	\$0	\$0	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	16	\$2,250	\$2,250	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: SAC-11-03-R1-6** 

**Subject:** City of Modesto

Location: Modesto Type: SI

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed Increase	Death Benefits	Penalty Interest or Other	Total
1	\$208.00	\$0.00	\$0.00	\$20.80	\$0.00	\$0.00	\$228.80
2	\$164.45	\$0.00	\$0.00	\$5.48	\$0.00	\$0.00	\$169.93
TOTAL	\$372.45	\$0.00	\$0.00	\$26.28	\$0.00	\$0.00	\$398.73

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: OAK-03-03-R1-6

Subject: City of Richmond Risk Management

Location: Richmond

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED ANI	O UNDISPUTED	INDEMNI	ГҮ		1
A. Frequency Rate							•
# claims with unpd indem	1	divide by # cl	aims with payable	indem	51	=	0.01961
B. Average Amount of Unp	aid Indomnits	, per Claim wit	h Obligation to Pa	v Indomnit	<b>T</b> 7		
-	\$ 56.00	divide by	# of claims with				51
Total unpu muem. –	\$ 50.00	divide by	# 01 Claims with	i oonganon	Avg Unpd		\$ 1.10
					my chpu	ma	φ 1.10
C. Severity Rate							
	\$ 1.10	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	0.00590
<i>U</i> 1		J	C 1				
D. Factor for Failure to pay	Undisputed A	accrued Indemi	<u>nity</u>				
Frequency rate	0.01961	X	Severity rate	0.00590	X	modifier of	2
						=	0.00023
2. FACTOR FOR LATE FI	RST PAYME						
# claims with late 1st TD		1	divide by # with			2	
# claims with late first SC no		17	divide by # with	n salary con		48	_
1	Totals	18	divide by		Totals	50	=
							0.36000
3. FACTOR FOR LATE FI	DCT DAVME	NT OF DEDM	ANENT DISABI	ITV VDI	A AND DE	ATH DENE	FITC
# claims with late first PD	KSTTATME	0	divide by # with		IA, AND DE	11	1113
# claims with late first VRM	Α	0	divide by # with		Α	0	
# claims with late first DB		0	divide by # with			0	
	otals	0	divide by	p	Totals	11	=
			· · · · · · · · · · · · · · · · · ·				0.00000
4. FACTOR FOR LATE SU	JBSEQUENT	INDEMNITY	PAYMENTS				
# claims with late subsequen	nt payments	3	divide by # with	n subsequen	t payments	9	=
							0.33333
5. FACTOR FOR PROVISI				ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCA							
# claims with AME/QME no					requiring no		38
# claims with VR potential e	eligibility notic		0	divide by #	requiring no		3
		Totals	I			Totals	41
						=	0.02439
BB 0 BW B 1 VIB VIB F							
PROFILE AUDIT REVIE							0.71795

## **Penalty Assessments and Collections**

Files Audited: 51
Indemnity 51
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: OAK-03-03-R1-6** 

Subject: City of Richmond Risk Management

Location: Richmond Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item#	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	2	\$75	\$75	\$0	\$0		X
2	0	\$0	\$0	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	3	\$235	\$235	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	19	\$945	\$945	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	0	\$0	\$0	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	1	\$100	\$100	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	1	\$100	\$100	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	26	\$1,455	\$1,455	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: OAK-03-03-R1-6** 

**Subject:** City of Richmond Risk Management

Location: Richmond Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability	V IXIVIA	imposed	Benefits	Interest	10141
rumoer	Disability	Disability		Increase	Delicities	or Other	
						or other	
1				\$56.00			\$56.00
TOTAL	\$0.00	\$0.00	\$0.00	\$56.00	\$0.00	\$0.00	\$56.00

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: OAK-02-03-R1-6

**Subject:** Contra Costa County Schools Insurance Group

**Location: Pleasant Hill** 

1. FACTOR FOR FAILU	RE T	O PAY AC	CCRUED ANI	O UNDISPUTED	INDEMNIT	ГΥ		
A. Frequency Rate # claims with unpd indem		8	divide by # cl	aims with payable	e indem	56	=	0.14286
· ·			-					
B. Average Amount of Un	_							
Total unpd indem. =	\$	7,952.98	divide by	# of claims with	h obligation			56
						Avg Unpd	Ind =	\$ 142.02
C. Severity Rate	Ф	1.42.02	1: :1 1	1: 1 100	20.2001 6	ф. 10 <i>(</i> <b>2</b> 1		0.76267
Avg Unpd Indem	\$	142.02	divide by av	g unpd indem 199	99-2001 01	\$ 186.21	=	0.76267
D. Factor for Failure to pa	ıy Ur	ndisputed A	ccrued Indemi	<u>nity</u>				
Frequency rate		0.14286	X	Severity rate	0.76267	X	modifier of	2
							=	0.21791
2. FACTOR FOR LATE	FIRS	T PAYME						
# claims with late 1st TD			1	divide by # with			8	
# claims with late first SC			14	divide by # with	h salary con		43	_
	Tota	als	15	divide by		Totals	51	=
								0.29412
3. FACTOR FOR LATE	FIRS	T DAVME	NT OF PERM	ANENT DISABI	LITV VRM	IA AND DE	ATH RENE	FITS
# claims with late first PD	III	1 171 IVIL	6	divide by # with		171, 71110 DI	20	1115
# claims with late first VR	MA		0	divide by # with		A	1	
# claims with late first DB			0	divide by # with			0	
	Tota	als	6	divide by	P	Totals	21	_ =
								0.28571
4. FACTOR FOR LATE	SUB	SEQUENT	INDEMNITY					
# claims with late subsequ	ent p	ayments	0	divide by # with	h subsequen	t payments	18	=
								0.00000
<u> </u>								
5. FACTOR FOR PROVI					ES OF POT	ENTIAL		
ELIGIBILITY FOR VOC					1: :1 1 //		,-	24
# claims with AME/QME				0		requiring no		34
# claims with VR potentia	lelig	ibility notic		2	divide by #	requiring no		4
			Totals	2			Totals	38
							=	0.05263
PROFILE AUDIT REVI	EW	PERFORM	MANCE RAT	ING				0.85037
Profile Audit Review Per	forn	nance Ratii	ng of 2.10 or g	greater is a failin	g score.			

#### **Penalty Assessments and Collections**

Files Audited: 56
Indemnity 56
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: OAK-02-03-R1-6** 

**Subject:** Contra Costa County Schools

**Insurance Group** 

Location: Pleasant Hill Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	110
1	1	\$50	\$50	\$0	\$0		X
2	6	\$1,305	\$1,305	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	2	\$150	\$150	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	15	\$610	\$610	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	2	\$500	\$500	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	0	\$0	\$0	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	2	\$400	\$400	\$0	\$0		X
18 b	1	\$1,000	\$1,000	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	7	\$625	\$625	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	36	\$4,640	\$4,640	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: OAK-02-03-R1-6** 

**Subject:** Contra Costa County Schools Insurance Group

Location: Pleasant Hill, CA Type: Ins

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed	Death Benefits	Penalty Interest	Total
				Increase		or Other	
1				\$96.00			\$96.00
2				\$124.00			\$124.00
3				\$557.71			\$557.71
4	\$107.73						\$107.73
5	\$575.01			\$27.45			\$602.46
6		\$5,485.51		\$548.57			\$6,034.08
7				\$298.00			\$298.00
8				\$133.00			\$133.00
TOTAL	\$682.74	\$5,485.51	\$0.00	\$1,784.73	\$0.00	\$0.00	\$7,952.98

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: LAO-17-03-T1-6** 

**Subject:** County of Riverside

**Location: Riverside** 

1. FACTOR FOR FAILUI	RE TO PAY A	CCRUED ANI	D UNDISPUTED	INDEMNI	ГΥ		1
A. Frequency Rate							•
# claims with unpd indem	3	divide by # cl	laims with payable	e indem	55	=	0.05455
D 4 CIT		GI :	1 011 B	T 1			
B. Average Amount of Un							5.5
Total unpd indem. =	\$578.90	divide by	# of claims with	n obligation	Avg Unpd		55 \$ 10.53
					Avg Onpu	ma –	\$ 10.33
C. Severity Rate							
Avg Unpd Indem	\$ 10.53	divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.05652
11.8 onpa maem	Ψ 10.02	urriue of ur	g unpu muum 199	2001 01	ψ 100. <b>2</b> 1		0.00002
D. Factor for Failure to pa	y Undisputed A	Accrued Indem	<u>nity</u>				
Frequency rate	0.05455	X	Severity rate	0.05652	X	modifier of	2
						=	0.00617
2. FACTOR FOR LATE F	FIRST PAYME						
# claims with late 1st TD		0	divide by # witl			16	
# claims with late first SC		24	divide by # witl	h salary con		47	_
	Totals	24	divide by		Totals	63	=
							0.38095
3. FACTOR FOR LATE F	SIDST DAVME	NIT OF DEDM	ANENT DISABI	LITV VDN	IA AND DI	EATH DENE	EITC
# claims with late first PD	IKSTTATME	5	divide by # witl		ia, and di	19	.113
# claims with late first VRI	MΑ	0	divide by # with		A	4	
# claims with late first DB	· · · · ·	0	divide by # with			2	
	Totals	5	divide by	P	Totals	25	_ =
							0.20000
4. FACTOR FOR LATE S		INDEMNITY					
# claims with late subseque		^					
# claims with rate subseque	ent payments	0	divide by # witl	h subsequen	t payments	31	=
# ciainis with fate subseque	ent payments	0	divide by # with	h subsequen	t payments	31	0.00000
		Ť	•	•		31	
5. FACTOR FOR PROVIS	SION OF AME	E/QME NOTIC	EES AND NOTICE	•		31	
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA	SION OF AME	E/QME NOTIC	EES AND NOTICE	ES OF POT	ENTIAL		0.00000
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIC s	EES AND NOTICE ON 7	ES OF POT	ENTIAL requiring no	otices	38
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIO s ce violations	EES AND NOTICE ON 7 2	ES OF POT	ENTIAL	otices otices	38 7
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIC s	EES AND NOTICE ON 7	ES OF POT	ENTIAL requiring no	otices	38
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIO s ce violations	EES AND NOTICE ON 7 2	ES OF POT	ENTIAL requiring no	otices otices	38 7 45
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIO s ce violations	EES AND NOTICE ON 7 2	ES OF POT	ENTIAL requiring no	otices otices Totals	38 7
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP notice violation eligibility notice	E/QME NOTIC HABILITATIONS IS Ce violations Totals	TES AND NOTICE  7  2  9	ES OF POT	ENTIAL requiring no	otices otices Totals	38 7 45

## **Penalty Assessments and Collections**

Files Audited: 55
Indemnity 55
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No:** LAO-17-03-T1-6

**Subject:** County of Riverside

Location: Riverside Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	0	\$0	\$0	\$0	\$0		X
2	5	\$1,145	\$1,145	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	0	\$0	\$0	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	24	\$830	\$830	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	2	\$600	\$600	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	7	\$1,940	\$1,940	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	3	\$300	\$300	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	41	\$4,815	\$4,815	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: LAO-17-03-T1-6** 

**Subject:** County of Riverside

Location: Riverside Type: SI

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed	Death Benefits	Penalty Interest	Total
Tullioei	Disability	Disability		Increase	Belletits	or Other	
1				\$178.50			\$178.50
2				\$266.00			\$266.00
3				\$134.40			\$134.40
TOTAL	\$0.00	\$0.00	\$0.00	\$578.90	\$0.00	\$0.00	\$578.90

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: LAO-16-03-R1-6

**Subject:** County of San Diego

**Location: San Diego** 

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED ANI	O UNDISPUTED	INDEMNI	ГΥ		7
A. Frequency Rate							-4
# claims with unpd indem	11	divide by # cl	aims with payable	e indem	57	=	0.19298
D. A. A. CII	.17 1 2	CI : :	1 O11: .:	T 1 %			
B. Average Amount of Unp	\$ 7,199.50		th Obligation to Pa # of claims with	•			57
Total unpd indem. =	\$ 7,199.30	divide by	# Of Claims with	i obligation	Avg Unpd		\$ 126.31
					Avg Onpu	mu –	\$ 120.51
C. Severity Rate							
· · · · · · · · · · · · · · · · · · ·	\$ 126.31	divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.67830
		,					
D. Factor for Failure to pay	Undisputed A	Accrued Indem	<u>nity</u>				
Frequency rate	0.19298	3 X	Severity rate	0.67830	X	modifier of	
						=	0.26180
2 FACTOR FOR LATE E	IDCT DAVAGE	ENTE OF TENE	OD ADV DICADI	LITYODE	IDOT MOTI	OE.	
2. FACTOR FOR LATE F. # claims with late 1st TD	IRST PAYME	3	divide by # witl			<u>CE</u> 8	
# claims with late first SC n	otica	3 7	divide by # with			30	
	Totals	10	divide by # with	i Salary Con	Totals	38	<del>-</del> =
	Totals	10	divide by		Totals	30	0.26316
							0.20310
3. FACTOR FOR LATE F	IRST PAYMI	ENT OF PERM	ANENT DISABI	LITY, VRN	IA, AND DI	EATH BENE	FITS
# claims with late first PD		4	divide by # witl	h first PD		37	
# claims with late first VRM	1A	1	divide by # witl	h first VRM		5	
# claims with late first DB		0	divide by # witl	h first DB p	aid	0	_
,	Totals	5	divide by		Totals	42	=
							0.11905
A FACTOR FOR LATE OF	I IDGE OF IED IS	E D IDEN O HEET	A DALLA CENTEG				
4. FACTOR FOR LATE ST # claims with late subsequent		FINDEMNITY 6	divide by # witl		4 4	34	=
# claims with late subseque	nt payments	0	divide by # with	n subsequen	ı payments	34	0.17647
							0.17047
5. FACTOR FOR PROVIS	ION OF AMI	E/OME NOTIC	ES AND NOTIC	ES OF POT	ENTIAL		1
ELIGIBILITY FOR VOCA		-		20 01 101	LIVILLE		
# claims with AME/QME n				divide by #	requiring no	otices	50
# claims with VR potential					requiring no		10
•		Totals	8	-		Totals	60
						=	0.13333
PROFILE AUDIT REVIE						=	0.13333 <b>0.95381</b>

#### **Penalty Assessments and Collections**

Files Audited: 58
Indemnity 57
Medical Only 0
Denied 0
Complaints 1
Additional 0

**Audit No:** LAO-16-03-R1-6

**Subject:** County of San Diego

Location: San Diego Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	110
1	3	\$175	\$175	\$0	\$0		X
2 3	4	\$1,540	\$1,540	\$0	\$0		X
	1	\$100	\$100	\$0	\$0		X
4	7	\$430	\$430	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	7	\$390	\$390	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	7	\$2,600	\$2,600	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	1	\$400	\$400	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	4	\$1,500	\$1,500	\$0	\$0		X
18 b	2	\$600	\$600	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	7	\$600	\$600	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	43	\$8,335	\$8,335	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: LAO-16-03-R1-6** 

**Subject:** County of San Diego

Location: San Diego Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$139.17			\$13.92			\$153.09
2	\$420.00						\$420.00
3				\$91.43			\$91.43
4				\$101.55			\$101.55
5	\$324.19			\$123.19			\$447.38
6				\$62.00			\$62.00
7	\$3,610.48						\$3,610.48
8				\$40.00			\$40.00
9		\$438.57		\$43.86			\$482.43
10		\$1,602.85		\$160.29			\$1,763.14
11				\$28.00			\$28.00
TOTAL	\$4,493.84	\$2,041.42	\$0.00	\$664.24	\$0.00	\$0.00	\$7,199.50

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: SFO-13-03-R1-1

**Subject:** Crum and Forster Insurance

Location: Plano, TX

1. FACTOR FOR FAILU	RE T	O PAY AC	CCRUED AN	D UNDISPUTED	INDEMNI	ГҮ		
A. Frequency Rate		_						0.40500
# claims with unpd indem		7	divide by # c	laims with payable	e indem	56	=	0.12500
B. Average Amount of Ur	npaid	Indemnity	per Claim wi	th Obligation to Pa	ay Indemnit	V		
Total unpd indem. =	\$	6,338.38	divide by	# of claims with			n.	56
						Avg Unpd	Ind =	\$ 113.19
C. Severity Rate								
Avg Unpd Indem	\$	113.19	divide by av	vg unpd indem 199	99-2001 of	\$ 186.21	=	0.60784
	•			. 8 p		*		
D. Factor for Failure to pa	ıy Un							
Frequency rate		0.12500	X	Severity rate	0.60784	X	modifier of	2
							_	0.15196
2. FACTOR FOR LATE I	FIRS	T PAYME	NT OF TEMP	PORARY DISABI	LITY OR F	IRST NOTIO	CE	
# claims with late 1st TD			23	divide by # with			54	
# claims with late first SC	notic	e	0	divide by # with	h salary con	tinuation	0	
	Tota	ıls	23	divide by		Totals	54	=
								0.42593
3. FACTOR FOR LATE I	FIRS	ΤΡΔΥΜΕ	NT OF PERM	ANENT DISARI	LITV VRM	IA AND DE	EATH RENEE	PTI
# claims with late first PD	III	1 171 IVIL	3	divide by # with		III, IIIID DI	12	115
# claims with late first VR	MA		0	divide by # with		A	4	
# claims with late first DB			0	divide by # with			0	
	Tota	ıls	3	divide by	•	Totals	16	=
								0.18750
4 EACTOR FOR LATE	CLID	CEOLIENT	DIDEMNITS	Z DASZMENITO				
4. FACTOR FOR LATE S			INDEMNIT :	divide by # with	h subsequen	t navments	37	=
# claims with face subsequ	ciit p	ayments	10	divide by # with	ii suosequen	it payments	31	0.27027
								**=**=*
5. FACTOR FOR PROVI	SION	OF AME	QME NOTIO	CES AND NOTIC	ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCA								
# claims with AME/QME				5		requiring no		20
# claims with VR potential	lelig	ibility notic		8	divide by #	requiring no		12
			Totals	13			Totals	32
							=	0.40625
PROFILE AUDIT REVI	FW.	DEDEOD	MANCE DAT	FINC				1.44191
Profile Audit Review Per					ng score.			1,44171

**Penalty Assessments and Collections** 

Files Audited: 56
Indemnity 56
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: SFO-13-03-R1-1** 

**Subject:** Crum and Forster Insurance

Location: Plano, TX Type: INS

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	res	NO
1	25	\$2,985	\$2,985	\$0	\$0		X
2	3	\$1,220	\$1,220	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	14	\$1,645	\$1,645	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	8	\$2,300	\$2,300	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	5	\$1,900	\$1,900	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	3	\$1,300	\$1,300	\$0	\$0		X
18 b	1	\$400	\$400	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	3	\$250	\$250	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	1	\$500	\$500	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	63	\$12,500	\$12,500	\$0	\$0		

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due

Audit No: SFO-13-03-R1-1

**Subject:** Crum and Forster Insurance

Location: Plano, TX Type: Ins

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$68.32						\$68.32
2				\$75.08			\$75.08
3	\$61.19						\$61.19
4				\$196.00			\$196.00
5		\$2,148.57		\$214.86			\$2,363.43
6						\$428.49	\$428.49
7	\$2,859.88			\$285.99			\$3,145.87
TOTAL	\$2,989.39	\$2,148.57	\$0.00	\$771.93	\$0.00	\$428.49	\$6,338.38

# **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: SAC-04-03-R2-5

**Subject: Cunningham Lindsey Claims Management** 

**Location: Rancho Cordova** 

1. FACTOR FOR FAILUI	RE TO PAY A	CCRUED ANI	O UNDISPUTED	INDEMNI	ГҮ		1
A. Frequency Rate							•
# claims with unpd indem	14	divide by # cl	aims with payable	indem	49	=	0.28571
B. Average Amount of Un			-	•			40
Total unpd indem. =	\$ 15,583.25	divide by	# of claims with	i obligation	1 2		49 \$ 318.03
					Avg Unpd	ina –	\$ 318.03
C. Severity Rate							
Avg Unpd Indem	\$ 318.03	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	1.70789
8p	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8 to		4		
D. Factor for Failure to pa	y Undisputed A	Accrued Indem	<u>nity</u>				
Frequency rate	0.28571	l X	Severity rate	1.70789	X	modifier of	2
						=	0.97594
2. FACTOR FOR LATE F	FIRST PAYMI						
# claims with late 1st TD		21	divide by # with			45	
# claims with late first SC		<u>0</u> 21	divide by # with divide by	i salary con		<u>0</u> 45	<u> </u>
	Totals	21	divide by		Totals	43	0.46667
							0.40007
3. FACTOR FOR LATE F	FIRST PAYME	ENT OF PERM	ANENT DISABI	LITY. VRM	IA. AND DI	EATH BENE	FITS
# claims with late first PD		4	divide by # with		,	11	
# claims with late first VRI	MA	0	divide by # with		ÍΑ	1	
# claims with late first DB		0	divide by # with	n first DB p	aid	0	
	Totals	4	divide by		Totals	12	
							0.33333
4. FACTOR FOR LATE S							
# claims with late subseque	ent payments	10	divide by # with	ı subsequen	it payments	29	=
							0.34483
5. FACTOR FOR PROVIS	CION OF AMI	E/OME NOTIC	EC AND MOTICI	EC OF DOT	ENITIAI		
ELIGIBILITY FOR VOCA				ES OF POT	ENTIAL		
# claims with AME/QME i				divide by #	requiring no	ntices	39
# claims with VR potential					requiring no		6
" ciamis with the potential	engionity not	Totals	16	arvide oy "	requiring ne	Totals	45
						=	0.35556
PROFILE AUDIT REVI		MANOR DAT	TATO				0.45(00
Profile Audit Review Per							2.47632

# Full Compliance Audit Performance Rating of Randomly Selected Claims

**Audit No: SAC-04-03-R2-5** 

Calendar Year: 2003

Subject: Cunningham Lindsey Claims Management

**Location: Rancho Cordova** 

1. FACTOR FOR FAILUI	RE TO PAY A	CCRUED AN	D UNDISPUTED	) INDEMN	ITY		1
A. Frequency Rate							
# claims with unpd indem	27	divide by # cla	aims with payable	indem	91	=	0.29670
		· · ·					
B. Average Amount of Un							0.4
Total unpd indem =	\$ 23,704.83	divide by	# of claims with	i obligation			91
					Avg Unpd	Ina =	\$ 260.49
C. Severity Rate							
	\$ 260.49	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	1.39892
rivg onpu mu.	200.19	divide by av	g unpu muem 199	2001 01	ψ 100.21		1.57072
D. Factor for Failure to pa	y Undisputed	Accrued Indem	<u>nnity</u>				
Frequency rate	0.29670	X	Severity rate	1.39892	X	modifier of	
						=	0.83013
2. FACTOR FOR LATE F	TRST PAYMI						
# claims with late 1st TD		36	divide by # with			83	
# claims with late first SC i	notice Fotals	36	_ divide by # with	1 salary con	Totals	83	<b>-</b> _
]	otais	30	divide by		Totals	83	0.43373
							0.43373
3. FACTOR FOR LATE F	FIRST PAYMI	ENT OF PERM	MANENT DISAB	ILITY. VRI	MA. AND D	EATH BENI	EFITS
# claims with late first PD	-	9			, .		
" Ciuinio With late Hist I D		9	divide by # with	i first PD		23	
# claims with late first VR!	MA	1	divide by # with divide by # with		A	5	
				n first VRM			
# claims with late first VR! # claims/late first death ber		1	divide by # with	n first VRM		5	
# claims with late first VR! # claims/late first death ber	nefits	1	divide by # with divide by # with	n first VRM	ben paid	5	= 0.35714
# claims with late first VR! # claims/late first death ber	nefits Fotals	1 0 10	divide by # with divide by # with divide by	n first VRM	ben paid	5	= 0.35714
# claims with late first VR! # claims/late first death ber  1  4. FACTOR FOR LATE S	nefits Fotals SUBSEQUEN	1 0 10 Γ INDEMNITY	divide by # with divide by # with divide by  Y PAYMENTS	n first VRM n first death	ben paid Totals	5 0 28	
# claims with late first VR! # claims/late first death ber	nefits Fotals SUBSEQUEN	1 0 10	divide by # with divide by # with divide by	n first VRM n first death	ben paid Totals	5	=
# claims with late first VR! # claims/late first death ber  1  4. FACTOR FOR LATE S	nefits Fotals SUBSEQUEN	1 0 10 Γ INDEMNITY	divide by # with divide by # with divide by  Y PAYMENTS	n first VRM n first death	ben paid Totals	5 0 28	
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p	nefits Fotals SUBSEQUEN' ayments	1 0 10 10 F INDEMNITY 22	divide by # with divide by # with divide by  Y PAYMENTS divide by # with	n first VRM n first death	ben paid Totals	5 0 28	=
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p	nefits Fotals SUBSEQUENT ayments SION OF AM	1 0 10 10 T INDEMNITY 22 E/QME NOTIO	divide by # with divide by # with divide by  Y PAYMENTS divide by # with	n first VRM n first death	ben paid Totals	5 0 28	=
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA	nefits Fotals SUBSEQUENT ayments SION OF AMATIONAL RE	1 0 10 10 F INDEMNITY 22 E/QME NOTICE HABILITATION	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION	n first VRM n first death n subseq pay	ben paid Totals  yments  TENTIAL	5 0 28	= 0.43137
# claims with late first VR! # claims/late first death ber  1.  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1	SUBSEQUENT ayments SION OF AMI	1 0 10 10 T INDEMNITY 22 E/QME NOTION HABILITATIONS	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL  requiring no	5 0 28 51	=
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA	SUBSEQUENT ayments SION OF AMI	1 0 10 10 T INDEMNITY 22 E/QME NOTION HABILITATIONS	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL	5 0 28 51	= 0.43137 67
# claims with late first VR! # claims/late first death ber  1.  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1	SUBSEQUENT ayments SION OF AMI	1 0 10 10 10 E/QME NOTIONS ce violations	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18 6	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL  requiring no	5 0 28 51	= 0.43137 67 12
# claims with late first VR! # claims/late first death ber  1.  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1	SUBSEQUENT ayments SION OF AMI	1 0 10 10 10 E/QME NOTIONS ce violations	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18 6	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL  requiring no	5 0 28 51	= 0.43137 67 12
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1 # claims with VR potential	SUBSEQUENT ayments SION OF AMI ATIONAL RE notice violation eligibilty noti	1 0 10 10 10 E/QME NOTIONS Ce violations Totals	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18 6 24	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL  requiring no	5 0 28 51 tices tices Totals	= 0.43137 67 12 79 0.30380
# claims with late first VR! # claims/late first death ber  1.  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1	SUBSEQUENT ayments  SION OF AMILIATIONAL REPORTED NOTE AND A CONTROL OF A CONTROL O	1 0 10 10 10 E/QME NOTION TOTALS  DRMANCE R	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTICE  18 6 24  ATING	n first VRM n first death n subseq pay CES OF PO' divide by # divide by #	ben paid Totals  yments  TENTIAL  requiring no requiring no	5 0 28 51 stices tices Totals =	= 0.43137 67 12 79

## **Penalty Assessments and Collections**

Files Audited: 91
Indemnity 91
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No:** SAC-04-03-R2-5

**Subject:** Cunningham Lindsey Claims Management

Location: Rancho Cordova Type: TPA

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Vos	No
	Cited	Assessed	Waived	Collected	Due	Yes	No
1	44	\$3,090	\$0	\$3,090	\$0		X
2	8	\$1,635	\$0	\$1,635	\$0		X
3	1	\$50	\$0	\$50	\$0		X
4	46	\$3,185	\$2,075	\$0	\$1,110		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	6	\$1,900	\$1,900	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	18	\$6,800	\$6,800	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	15	\$2,650	\$0	\$2,650	\$0		X
18 b	8	\$3,400	\$0	\$3,400	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	40	\$2,700	\$0	\$2,700	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	186	\$25,410	\$10,775	\$13,525	\$1,110		

Administrative penalties waived pursuant to Labor Code Section 129.5(c)(1).

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due Page 1 of 2

**Audit No: SAC-04-03-R2-5** 

**Subject: Cunningham Lindsey Claims Management** 

Location: Rancho Cordova Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$492.40			\$112.76			\$605.16
2				\$32.00			\$32.00
3		\$6,240.00		\$656.00			\$6,896.00
4				\$522.70			\$522.70
5		\$660.00					\$660.00
6		\$38.50		\$3.85			\$42.35
7				\$83.20			\$83.20
8		\$120.00					\$120.00
9	\$1,680.00			\$693.00			\$2,373.00
10				\$280.00			\$280.00
11	\$36.20						\$36.20
12	\$264.97						\$264.97
13		\$840.00					\$840.00
14	\$190.44						\$190.44
15	\$210.00						\$210.00
16				\$375.16			\$375.16
17	\$257.01			\$20.09			\$277.10
18	\$70.00						\$70.00
19	\$80.91						\$80.91
20	\$144.00			\$217.40			\$361.40
21		\$6,008.00					\$6,008.00
SUBTOTAL	\$3,425.93	\$13,906.50	\$0.00	\$2,996.16	\$0.00	\$0.00	\$20,328.59

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due Page 2 of 2

Audit No: SAC-04-03-R2-5

Subject: Cunningham Lindsey Claims Management

Location: Rancho Cordova Type: TPA

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed Increase	Death Benefits	Penalty interest, or other	Total
				increase		or other	
22	\$210.00						\$210.00
23	\$62.74						\$62.74
24				\$112.00			\$112.00
25	\$210.00			\$627.69			\$837.69
26	\$280.00			\$42.00			\$322.00
27		\$1,460.00		\$371.81			\$1,831.81

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: SFO-04-03-R1-1

**Subject: Federated Mutual Insurance** 

Location: Phoenix, AZ

1. The fold of this	RE TO PAY A	CCRUED ANI	O UNDISPUTED	INDEMNIT	ΓΥ		1
A. Frequency Rate							_
# claims with unpd indem	0	divide by # cl	aims with payable	e indem	3	=	0.00000
D 4 CIT		ou : ·	1.011				
B. Average Amount of Ur							2
Total unpd indem. =	\$ -	divide by	# of claims with	n obligation	Avg Unpd		3 \$ -
					Avg Onpu	mu –	Ф -
C. Severity Rate							
Avg Unpd Indem	\$ -	divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.00000
D. Factor for Failure to pa							
Frequency rate	0.00000	) X	Severity rate	0.00000	X	modifier of	2
						=	0.00000
2. FACTOR FOR LATE I	CIDCT DAVMI	ENT OF TEMP	OD A DV DICADI	TITV OD E	IDCT NOTE	CE	
# claims with late 1st TD	FIRST PATME	2	divide by # wit			3	
# claims with late first SC	notice	0	_ divide by # wit			0	
" Claims with late first SC	Totals	2	divide by	ir saidry con	Totals	3	=
			<i>a</i>			-	0.66667
3. FACTOR FOR LATE I	FIRST PAYME	ENT OF PERM			IA, AND DI	EATH BENE	FITS
# claims with late first PD		0	divide by # wit			0	
# claims with late first VR		0	divide by # wit			0	
# claims with late first DB	Totals	0	divide by # wit	h first DB pa		0	-
	Lotais	U	divide by		Totals	0	=
	Totals						0.00000
	Totals		,				0.00000
4 FACTOR FOR LATE S		Γ INDEMNITY					0.00000
4. FACTOR FOR LATE S # claims with late subseque	SUBSEQUENT	Γ INDEMNITY 0	PAYMENTS	h subsequen	t payments	1	0.00000
4. FACTOR FOR LATE S # claims with late subseque	SUBSEQUENT			h subsequen	t payments	1	
# claims with late subseque	SUBSEQUENT ent payments	0	PAYMENTS divide by # wit	•		1	=
# claims with late subseque  5. FACTOR FOR PROVI	SUBSEQUENT ent payments  SION OF AME	0 E/QME NOTIC	PAYMENTS divide by # wit	•		1	=
# claims with late subseque 5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA	SUBSEQUENT ent payments SION OF AME ATIONAL REF	0 E/QME NOTIC HABILITATIO	PAYMENTS divide by # wit  ES AND NOTIC	ES OF POT	ENTIAL		= 0.00000
# claims with late subseque  5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA # claims with AME/QME	SUBSEQUENT ent payments  SION OF AME ATIONAL REPROSE	0 E/QME NOTIC HABILITATIO	PAYMENTS divide by # wit	ES OF POT	ENTIAL requiring no	otices	=
# claims with late subseque 5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA	SUBSEQUENT ent payments  SION OF AME ATIONAL REPROSE	0 E/QME NOTIC HABILITATIO ns ice violations	PAYMENTS divide by # wit  ES AND NOTIC	ES OF POT	ENTIAL	otices otices	= 0.00000 1 1
# claims with late subseque  5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA # claims with AME/QME	SUBSEQUENT ent payments  SION OF AME ATIONAL REPROSE	0 E/QME NOTIC HABILITATIO	PAYMENTS divide by # wit  ES AND NOTIC	ES OF POT	ENTIAL requiring no	otices	= 0.00000
# claims with late subseque  5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA # claims with AME/QME	SUBSEQUENT ent payments  SION OF AME ATIONAL REPROSE	0 E/QME NOTIC HABILITATIO ns ice violations	PAYMENTS divide by # wit  ES AND NOTIC	ES OF POT	ENTIAL requiring no	otices otices	= 0.00000 1 1
# claims with late subseque  5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA # claims with AME/QME	SUBSEQUENT ent payments  SION OF AME ATIONAL REF notice violation I eligibility noti	0 E/QME NOTIC HABILITATIO ns ice violations Totals	PAYMENTS divide by # wit  ES AND NOTIC  N  0  1	ES OF POT	ENTIAL requiring no	otices otices	= 0.00000 1 1 2

## **Penalty Assessments and Collections**

Files Audited: 3
Indemnity 3
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: SFO-04-03-R1-1** 

**Subject:** Federated Mutual Insurance

Location: Phoenix, AZ Type: INS

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	110
1	2	\$75	\$75	\$0	\$0		X
2	0	\$0	\$0	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	0	\$0	\$0	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	1	\$500	\$500	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	0	\$0	\$0	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	0	\$0	\$0	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	3	\$575	\$575	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: SFO-04-03-R1-1** 

**Subject:** Federated Mutual Insurance

Location: Phoenix, AZ Type: INS

# No Undisputed Compensation Was Found Unpaid

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: SAC-03-03-R1-5** 

**Subject:** Frank Gates Service Company

**Location: El Dorado Hills** 

1. FACTOR FOR FAILURE	TO PAY A	CCRUED AN	D UNDISPUTED	INDEMNI	ГҮ		7
A. Frequency Rate							₫
# claims with unpd indem	17	divide by # c	laims with payable	e indem	41	=	0.41463
B. Average Amount of Unpa		_					
Total unpd indem. = \$	3,594.78	divide by	# of claims with	n obligation	1 2		41
					Avg Unpd	Ind =	\$ 87.68
C. Severity Rate	07.60	1: :1 1	1: 1 100	00 <b>2</b> 001 C	ф. 10 <b>6.2</b> 1		0.47005
Avg Unpd Indem \$	87.68	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	0.47085
D. Factor for Failure to pay U	Jndisputed A	Accrued Indem	nitv				
Frequency rate	0.41463		Severity rate	0.47085	X	modifier of	2
			Ž			=	0.39046
2. FACTOR FOR LATE FIR	ST PAYME	ENT OF TEMP					
# claims with late 1st TD		15	divide by # with			36	
# claims with late first SC not	ice	0	divide by # with	n salary con		0	_
To	otals	15	divide by		Totals	36	=
							0.41667
3. FACTOR FOR LATE FIR	ST PAVME	NT OF PERM	IANENT DISARI	LITV VRN	IA AND DE	EATH BENE	FITS
# claims with late first PD	ST 1711VII	3	divide by # with		111, 11110 01	10	1115
# claims with late first VRMA		0	divide by # with		A	2	
# claims with late first DB	-	0	divide by # with			0	
To	otals	3	divide by	- · · · · · · · · · · · · · · · · · · ·	Totals	12	=
			J				0.25000
4. FACTOR FOR LATE SUI		`INDEMNITY					
# claims with late subsequent	payments	16	divide by # with	h subsequen	t payments	25	=
							0.64000
5. FACTOR FOR PROVISION				ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCATI				1: :1.1. //		45	22
# claims with AME/QME not					requiring no		23
# claims with VR potential eli	gibility noti	Totals	11	aiviae by #	requiring no		<u>6</u> 29
		Totals	11			Totals	29
						=	0.37931
PROFILE AUDIT REVIEW	A DEBEUD.	MANCE DAT	TING				2.07644
Profile Audit Review Perfor				g score.			2.0/044

## **Penalty Assessments and Collections**

Files Audited: 41
Indemnity 41
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: SAC-03-03-R1-5** 

**Subject:** Frank Gates Service Company

**Location:** El Dorado Hills Type: TPA

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	15	\$2,685	\$2,685	\$0	\$0		X
2	3	\$1,020	\$1,020	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	54	\$4,080	\$4,080	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	3	\$1,200	\$1,200	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	8	\$2,900	\$2,900	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	9	\$1,200	\$1,200	\$0	\$0		X
18 b	1	\$400	\$400	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	22	\$1,575	\$1,575	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	115	\$15,060	\$15,060	\$0	\$0		

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due

**Audit No: SAC-03-03-R1-5** 

**Subject:** Frank Gates Service Company

Location: El Dorado Hills Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$231.20			\$231.20
2		\$1,260.00					\$1,260.00
3				\$140.06			\$140.06
4	\$36.18						\$36.18
5				\$160.25			\$160.25
6				\$58.48			\$58.48
7	\$117.03			\$11.70			\$128.73
8				\$50.27			\$50.27
9	\$20.00			\$44.70			\$64.70
10				\$41.10			\$41.10
11				\$280.00			\$280.00
12	\$312.07			\$74.43			\$386.50
13	\$45.60			\$44.03			\$89.63
14	\$17.02			\$1.70			\$18.72
15	\$473.59			\$23.37			\$496.96
16				\$98.00			\$98.00
17	\$54.00						\$54.00
TOTAL	\$1,075.49	\$1,260.00	\$0.00	\$1,259.29	\$0.00	\$0.00	\$3,594.78

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: SAC-07-03-R1-6** 

**Subject:** Fresno Unified School District

Location: Fresno

1. FACTOR FOR FAILUR	E TO PAY AC	CRUED ANI	O LINDISPUTED	INDEMNI	ΓΥ		7
A. Frequency Rate	2 10 1711 710	CITOLD III I	o en Bior e reb	II (DEI)II (I			_
# claims with unpd indem	3	divide by # cl	aims with payable	indem	54	=	0.05556
F							
B. Average Amount of Unp	aid Indemnity	per Claim wit	h Obligation to Pa	y Indemnit	<u>v_</u>		
Total unpd indem. =	\$ 73.50	divide by	# of claims with	obligation	to pay inden	n.	54
-		-		_	Avg Unpd	Ind =	\$ 1.36
C. Severity Rate							
Avg Unpd Indem	\$ 1.36	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	0.00731
D. Factor for Failure to pay	Undisputed A	ccrued Indemi					
Frequency rate	0.05556	X	Severity rate	0.00731	X	modifier of	2
						=	0.00081
2. FACTOR FOR LATE FI	RST PAYME						
# claims with late 1st TD		3	divide by # with			7	
# claims with late first SC n		5	divide by # with	n salary con		45	_
	Γotals	8	divide by		Totals	52	=
							0.15385
2 EAGEON FOR LATE D	DOT DATA	VIE OF BERLI	ANENE DIGARI	T TON TON	(	A TRIL DEDIE	DITTO .
3. FACTOR FOR LATE FI	RSTPAYME				IA, AND DI		FITS
# claims with late first PD	F 4	3	divide by # with			14	
# claims with late first VRM	lA	1	divide by # with			3	
# claims with late first DB	F-4-1-	<u>0</u> 4	divide by # with	i first DB p		<u>0</u> 17	<b>-</b> =
	Γotals	4	divide by		Totals	1 /	
							0.23529
4 EACTOD FOR LATE C	IDCEOLIENT	DIDEMBITY	DAMENITO				
4. FACTOR FOR LATE SU # claims with late subsequer		5 5	divide by # with		t normonta	15	=
# claims with late subsequer	n payments	3	uivide by # with	i subsequen	t payments	13	0.33333
							0.33333
5. FACTOR FOR PROVIS	ION OF AME	OME NOTIC	ES AND NOTICE	ES OF DOT	ENITIAI		
ELIGIBILITY FOR VOCA				LS OF TOT	LIVITAL		
# claims with AME/QME no			5	divide by #	requiring no	tices	44
# claims with VR potential 6					requiring no		7
" oranno with vix potential t	ongrounty notic	Totals	7	aivide by #	roquiring ill	Totals	51
		101115	,			101113	J 1
						=	0.13725
							J.1J/2J
PROFILE AUDIT REVIE	W PERFORM	MANCE RAT	ING				0.86054
PROFILE AUDIT REVIE Profile Audit Review Perfo	-			g score.			

**Notices of Compensation Due** 

Audit No: SFO-14-03-R1-6

**Subject:** City and County of San Francisco

Location: San Francisco Type: SI

# No Undisputed Compensation Was Found Unpaid

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Notices of Compensation Due** 

Audit No: SFO-14-03-R1-6

**Subject:** City and County of San Francisco

Location: San Francisco Type: SI

# No Undisputed Compensation Was Found Unpaid

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: VNO-02-03-R1-6

**Subject:** City of Glendale

**Location:** Glendale

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED AN	D UNDISPUTED	INDEMNI	ГҮ		1
A. Frequency Rate							<b>⊒</b>
# claims with unpd indem	5	divide by # c	laims with payable	indem	51	=	0.09804
B. Average Amount of Unp		~					
Total unpd indem. =	\$ 9,865.58	divide by	# of claims with	n obligation	1 2		51
					Avg Unpd	Ind =	\$ 193.44
C. Carrarita Bata							
C. Severity Rate Avg Unpd Indem	\$ 193.44	divide by av	g unpd indem 199	0-2001 of	\$ 186.21	=	1.03884
Avg Onpu muem	ā 193.44	divide by av	g unpu muem 199	79-2001 01	\$ 100.21	_	1.03004
D. Factor for Failure to pay	Undisputed A	Accrued Indem	<u>nity</u>				
Frequency rate	0.09804	X	Severity rate	1.03884	X	modifier of	
						=	0.20369
A ELOTOR FOR LATE D	DOT DATE		OB ABIA BIGABI	I ITII OD E	TD CT NOT	OF.	
2. FACTOR FOR LATE FI	RSTPAYME					0 0	
# claims with late 1st TD	_4:	0	divide by # with			-	
# claims with late first SC n	ouce Fotals	13	divide by # with divide by	i saiary con	Totals	50	_
	iotais	13	divide by		Totals	30	0.26000
							0.20000
3. FACTOR FOR LATE FI	RST PAYME	ENT OF PERM	IANENT DISABI	LITY. VRM	IA. AND DI	EATH BENE	FITS
# claims with late first PD	· · ·	4	divide by # witl		,	13	
# claims with late first VRM	ſΑ	0	divide by # with		A	1	
# claims with late first DB		0	divide by # with			0	
	Γotals	4	divide by	•	Totals	14	=
							0.28571
4. FACTOR FOR LATE SU							
# claims with late subsequer	nt payments	3	divide by # with	n subsequen	t payments	12	=
							0.25000
5 FACTOR FOR PROVIS	IONIOE AME	E/OME NOTIC	TEC AND MOTICE	CC OF DOT	TAITTAT		
5. FACTOR FOR PROVIS ELIGIBILITY FOR VOCA				ES OF POT	ENTIAL		
# claims with AME/QME no				divide by #	requiring no	otices	43
# claims with VR potential of					requiring no		3
" claims with the potential t	ongromity noti	Totals	4	uivide oy "	roquing no	Totals	46
						=	0.08696
						_	0.00070
PROFILE AUDIT REVIE							1.08637
Profile Audit Review Perfo	ormance Rati	ing of 2.10 or <b>s</b>	greater is a failing	g score.			

## **Penalty Assessments and Collections**

Files Audited: 51
Indemnity 51
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: VNO-02-03-R1-6** 

**Subject:** City of Glendale

Location: Glendale Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item#	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	0	\$0	\$0	\$0	\$0		X
2	4	\$1,610	\$1,610	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	3	\$1,440	\$1,440	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	13	\$745	\$745	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	0	\$0	\$0	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	4	\$1,500	\$1,500	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	1	\$100	\$100	\$0	\$0		X
18 b	3	\$1,700	\$1,700	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	4	\$400	\$400	\$0	\$0		X
18 e	1	\$100	\$100	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	33	\$7,595	\$7,595	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: VNO-02-03-R1-6** 

**Subject:** City of Glendale

Location: Glendale Type: SI

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed	Death Benefits	Penalty Interest	Total
				Increase		or Other	
1		\$48.57		\$937.43			\$986.00
2		\$3,988.00		\$686.80			\$4,674.80
3		\$175.71		\$909.71			\$1,085.42
4		\$2,720.00		\$356.00			\$3,076.00
5	\$43.36	\$0.00		\$0.00			\$43.36
TOTAL	\$43.36	\$6,932.28	\$0.00	\$2,889.94	\$0.00	\$0.00	\$9,865.58

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: AHM-09-03-R1-6

**Subject: City of Huntington Beach** 

**Location: Huntington Beach** 

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED AN	D UNDISPUTED IN	NDEMNITY	7		1
A. Frequency Rate							
# claims with unpd indem	6	divide by # c	laims with payable in	ndem	53	=	0.11321
B. Average Amount of Un							
Total unpd indem. =	\$ 1,216.26	divide by	# of claims with o	_	1 2		53
				1	Avg Unpd	Ind =	\$ 22.95
C. Severity Rate							
Avg Unpd Indem	\$ 22.95	divide by av	g unpd indem 1999-	·2001 of	\$ 186.21	=	0.12324
	TT 1: . 1	. 17 1	٠,				
D. Factor for Failure to pay	*		<u>nity</u> Severity rate	0.12	v	1:0: (	
Frequency rate	0.11	l X	Severity rate	0.12	X	modifier of	0.02790
						_	0.02790
2. FACTOR FOR LATE F	IRST PAYMI	ENT OF TEMP	ORARY DISABILI	TY OR FIR	ST NOTIO	CE.	
# claims with late 1st TD	11111111	0	divide by # with 7			0	
# claims with late first SC n	otice	1	divide by # with s			46	
	Totals	1	divide by	-	Γotals	46	<del>-</del> =
							0.02174
3. FACTOR FOR LATE F	IRST PAYMI	ENT OF PERM	IANENT DISABILI	TY, VRMA	, AND DE	EATH BENE	FITS
# claims with late first PD		7	divide by # with f			21	-
# claims with late first VRN	ЛA	0	divide by # with f	irst VRMA		0	
# claims with late first DB		0	divide by # with f	irst DB paid	d	0	
	Totals	7	divide by		Γotals	21	=
							0.33333
4. FACTOR FOR LATE S		T INDEMNITY					
# claims with late subseque	nt payments	0	divide by # with s	subsequent p	payments	5	=
							0.00000
							-
5. FACTOR FOR PROVIS				OF POTE	NTIAL		
ELIGIBILITY FOR VOCA				.1 1 //			
# claims with AME/QME n				vide by # re			44
# claims with VR potential	eligibility noti			vide by # re	equiring no		4
		Totals	14			Totals	48
						=	0.29167
PROFILE AUDIT REVIE  Profile Audit Review Perf	EW PERFOR	MANCE RAT	ΓING				0.67464

#### **Penalty Assessments and Collections**

Files Audited: 53
Indemnity 53
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: AHM-09-03-R1-6** 

**Subject:** City of Huntington Beach

Location: Huntington Beach Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	110
1	0	\$0	\$0	\$0	\$0		X
2	7	\$830	\$830	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	0	\$0	\$0	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	1	\$20	\$20	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	3	\$1,500	\$1,500	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	11	\$5,100	\$5,100	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	1	\$200	\$200	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	6	\$600	\$600	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	29	\$8,250	\$8,250	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: AHM-09-03-R1-6** 

**Subject:** City of Huntington Beach

Location: Huntington Beach Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$84.00			\$84.00
2				\$168.00			\$168.00
3		\$113.40		\$220.86			\$334.26
4				\$210.00			\$210.00
5				\$210.00			\$210.00
6				\$210.00			\$210.00
TOTAL	\$0.00	\$113.40	\$0.00	\$1,102.86	\$0.00	\$0.00	\$1,216.26

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: AHM-05-03-R1-6** 

**Subject:** City of Long Beach

**Location: Long Beach** 

1. FACTOR FOR FAILURE TO PAY	ACCRUED AN	D UNDISPUTED	INDEMNI	ГΥ		
A. Frequency Rate						_
# claims with unpd indem 4	divide by # c	laims with payable	e indem	56	=	0.07143
D. A A CHI 11. 1	uit uu Claim i	d. Obligadian ta D	. T. 1			
B. Average Amount of Unpaid Indem Total unpd indem. = \$853						<b>5</b> (
Total unpd indem. = \$853	.25 divide by	# of claims witl	n obligation	Avg Unpd		56 \$ 15.24
				Avg Onpu	ma –	\$ 13.24
C. Severity Rate						
	.24 divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.08182
rrig empu muum		B unpu muem 199	2001 01	↓ 100. <b>2</b> 1		0.00102
D. Factor for Failure to pay Undispute	ed Accrued Indem	<u>nity</u>				
Frequency rate 0.07	143 X	Severity rate	0.08182	X	modifier of	2
					=	0.01169
2. FACTOR FOR LATE FIRST PAY						
# claims with late 1st TD	1	divide by # with			3	
# claims with late first SC notice	5	divide by # with	h salary con		51	_
Totals	6	divide by		Totals	54	=
						0.11111
3. FACTOR FOR LATE FIRST PAY	MENIT OF DEDIV	A MENIT DICADI	LITV VDA	A AND DI	EATH DENIE	EITC
# claims with late first PD	6	divide by # with		ia, and di	22	F113
# claims with late first VRMA	0	divide by # with		Δ	1	
# claims with late first DB	0	divide by # with			0	
Totals	6	divide by	n mot DD p	Totals	23	=
	•					0.26087
4. FACTOR FOR LATE SUBSEQUE	ENT INDEMNITY	PAYMENTS				
# claims with late subsequent payment	s 1	divide by # witl	h subsequen	t payments	23	=
						0.04348
5. FACTOR FOR PROVISION OF A			ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCATIONAL I						
# claims with AME/QME notice viola				requiring no		51
# claims with VR potential eligibility i		6	divide by #	requiring no		9
	Totals	24			Totals	60
					=	0.40000
						0.10000
PROFILE AUDIT REVIEW PERFO	ORMANCE RAT	ΓING				0.82715

#### **Penalty Assessments and Collections**

Files Audited: 56
Indemnity 56
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: AHM-05-03-R1-6** 

**Subject:** City of Long Beach

Location: Long Beach Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	INO
1	1	\$50	\$50	\$0	\$0		X
2 3	6	\$1,295	\$1,295	\$0	\$0		X
	0	\$0	\$0	\$0	\$0		X
4	1	\$160	\$160	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	5	\$120	\$120	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	6	\$1,900	\$1,900	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	18	\$7,200	\$7,200	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	4	\$350	\$350	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	41	\$11,075	\$11,075	\$0	\$0		

**Notices of Compensation Due** 

Audit No: AHM-05-03-R1-6

**Subject: City of Long Beach** 

Location: Long Beach Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$49.00			\$49.00
2				\$617.14			\$617.14
3				\$157.71			\$157.71
4				\$29.40			\$29.40
TOTAL	\$0.00	\$0.00	\$0.00	\$853.25	\$0.00	\$0.00	\$853.25

# Calendar Year: 2003

#### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: VNO-16-03-R2-6

**Subject:** City of Los Angeles

**Location: Los Angeles** 

1. FACTOR FOR FAILU	RE TO PAY A	CCRUED AN	D UNDISPUTED	INDEMNI	ГҮ		1
A. Frequency Rate							4
# claims with unpd indem	19	divide by # c	laims with payable	e indem	58	=	0.32759
B. Average Amount of Ur	npaid Indemnity	v per Claim wit	th Obligation to Pa	v Indemnit	v		
Total unpd indem. =	\$ 14,521.47		# of claims with			n.	58
					Avg Unpd	Ind =	\$ 250.37
C. C. with But.							
C. Severity Rate Avg Unpd Indem	\$ 250.37	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	1.34456
rivg onpu muom	ψ 250.57	arviae by av	g unpa maem 199	2001 01	Ψ 100.21		1.5 1 150
D. Factor for Failure to pa	y Undisputed A	Accrued Indem					
Frequency rate	0.32759	) X	Severity rate	1.34456	X	modifier of	2
						=	0.88092
2. FACTOR FOR LATE I	FIRST PAYME	ENT OF TEMP	ORARY DISABI	LITY OR F	TRST NOTIO	CE	
# claims with late 1st TD		3	divide by # with			6	
# claims with late first SC	notice	10	divide by # with	n salary con	tinuation	39	_
	Totals	13	divide by		Totals	45	=
							0.28889
3. FACTOR FOR LATE I	FIRST PAYME	ENT OF PERM	IANENT DISARI	LITY VRM	IA AND DE	EATH BENEI	FITS
# claims with late first PD	INSTITUTION	13	divide by # witl		171, 71110 01	18	.115
# claims with late first VR	MA	0	divide by # witl		A	3	
# claims with late first DB		0	divide by # with	n first DB p	aid	0	_
	Totals	13	divide by		Totals	21	=
							0.61905
4. FACTOR FOR LATE S	SHIDSEOHENI	T INDEMNITY	7 DAVMENTS				
# claims with late subseque		7	divide by # with	n subseauen	t payments	21	=
		·			- P J		0.33333
5. FACTOR FOR PROVI				ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCA				1: :1.1. //		45	4.4
# claims with AME/QME # claims with VR potential					requiring no		44 9
# claims with VK potential	engionity non	Totals	24	uivide by #	requiring no	Totals	53
		- 5 *****				- 0 4410	
						=	0.45283
PROFILE AUDIT REVI	EW DEDEAD	MANCE DAT	TINC				2.57502
Profile Audit Review Per				g score.			2.37302

## **Full Compliance Audit Performance Rating of Randomly Selected Claims**

**Audit No: VNO-16-03-R2-6** 

**Subject: City of Los Angeles** 

**Location: Los Angeles** 

1. FACTOR FOR FAILURE TO PAY	ACCRUED AN	ND UNDISPUTED INDEMN	VITY		7
A. Frequency Rate					
# claims with unpd indem 26	divide by # cl	laims with payable indem	133	=	0.19549
B. Average Amount of Unpaid Indemni	tri man Claim iri	rith Obligation to Day Indom	.:		
Total unpd indem = \$26,298.43	ty per Ciaiiii w	# of claims with obligation			133
10tal ulipu liidelii – \$20,298.43		# of claims with obligation	Avg Unpd		\$ 197.73
			Avg Onpu	IIId —	\$ 197.73
C. Severity Rate					
Avg Unpd Ind. \$ 197.73	divide by av	g unpd indem 1999-2001 of	\$ 186.21	=	1.06188
11.8 01.Fu 11.01		8 m-1 m m	4		-110000
D. Factor for Failure to pay Undisputed	Accrued Inden	<u>nnity</u>			
Frequency rate 0.19549	X	Severity rate 1.06188	X	modifier of	
				=	0.41517
2. FACTOR FOR LATE FIRST PAYM					
# claims with late 1st TD	5	divide by # with TD paym		12	
# claims with late first SC notice	23	divide by # with salary co		96	_
Totals	28	divide by	Totals	108	=
					0.25926
3. FACTOR FOR LATE FIRST PAYM	ENT OF PERI	MANENT DISABILITY, VI	RMA, AND D	EATH BENI	EFITS
3. FACTOR FOR LATE FIRST PAYM # claims with late first PD	ENT OF PERM 17		RMA, AND D	EATH BENI 40	EFITS
		MANENT DISABILITY, VE divide by # with first PD divide by # with first VRM			EFITS
# claims with late first PD	17	divide by # with first PD	МА	40	EFITS
# claims with late first PD # claims with late first VRMA	17 0	divide by # with first PD divide by # with first VRM	МА	40 10	EFITS =
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0	divide by # with first PD divide by # with first VRM divide by # with first deat	ЛА h ben paid	40 10 0	
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals	17 0 0 17	divide by # with first PD divide by # with first VRM divide by # with first deat divide by	ЛА h ben paid	40 10 0	
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals  4. FACTOR FOR LATE SUBSEQUEN	17 0 0 17 T INDEMNIT	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS	MA h ben paid Totals	40 10 0 50	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals	17 0 0 17	divide by # with first PD divide by # with first VRM divide by # with first deat divide by	MA h ben paid Totals	40 10 0	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals  4. FACTOR FOR LATE SUBSEQUEN	17 0 0 17 T INDEMNIT	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS	MA h ben paid Totals	40 10 0 50	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals  4. FACTOR FOR LATE SUBSEQUEN # claims with late subseq payments	17 0 0 17 TT INDEMNIT 13	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa	MA h ben paid Totals	40 10 0 50	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals  4. FACTOR FOR LATE SUBSEQUEN # claims with late subseq payments  5. FACTOR FOR PROVISION OF AM	17 0 0 17 T INDEMNIT 13	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa	MA h ben paid Totals	40 10 0 50	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0 17 T INDEMNIT 13 E/QME NOTI	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF POON	MA h ben paid Totals  ayments  OTENTIAL	40 10 0 50 45	= 0.34000 = 0.28889
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0 17 T INDEMNIT 13 E/QME NOTI	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF POON  30 divide by	MA h ben paid Totals ayments  OTENTIAL # requiring no	40 10 0 50 45	= 0.34000 = 0.28889
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0 17 TINDEMNIT 13 TE/QME NOTICHABILITATIONS ice violations	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF PO ON  30 divide by # divide by #	MA h ben paid Totals  ayments  OTENTIAL	40 10 0 50 45	= 0.34000 = 0.28889 102 19
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0 17 T INDEMNIT 13 E/QME NOTI	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF POON  30 divide by	MA h ben paid Totals ayments  OTENTIAL # requiring no	40 10 0 50 45	= 0.34000 = 0.28889
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0 17 TINDEMNIT 13 TE/QME NOTICHABILITATIONS ice violations	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF PO ON  30 divide by # divide by #	MA h ben paid Totals ayments  OTENTIAL # requiring no	40 10 0 50 45	= 0.34000 = 0.28889 102 19 121
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0 17 TINDEMNIT 13 TE/QME NOTICHABILITATIONS ice violations	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF PO ON  30 divide by # divide by #	MA h ben paid Totals ayments  OTENTIAL # requiring no	40 10 0 50 50 45	= 0.34000 = 0.28889 102 19
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF POON  30 divide by # 44  divide by #	MA h ben paid Totals ayments  OTENTIAL # requiring no	40 10 0 50 50 45	= 0.34000 = 0.28889 102 19 121

**Audit No:** 

**Penalty Assessments and Collections** 

0

Files Audited: 135
Indemnity 133
Medical Only 0
Denied 0
Complaints 2

Additional

**Subject:** City of Los Angeles

**Location:** Los Angeles Type: SI

VNO-16-03-R2-6

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	INO
1	5	\$1,800	\$0	\$0	\$1,800		X
2 3	18	\$5,830	\$0	\$0	\$5,830		X
	0	\$0	\$0	\$0	\$0		X
4	22	\$3,585	\$525	\$0	\$3,060		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	23	\$1,120	\$1,120	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	14	\$5,000	\$5,000	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	30	\$11,600	\$11,600	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	11	\$4,800	\$0	\$0	\$4,800		X
18 b	6	\$1,950	\$0	\$0	\$1,950		X
18 c	1	\$750	\$0	\$0	\$750		X
18 d	23	\$2,000	\$0	\$0	\$2,000		X
18 e	1	\$100	\$0	\$0	\$100		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	154	\$38,535	\$18,245	\$0	\$20,290		

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due Page 1 of 2

Audit No: VNO-16-03-R2-6

**Subject:** City of Los Angeles

Location: Los Angeles Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$126.00						\$126.00
2	\$1,220.61	\$314.69		\$153.53			\$1,688.83
3				\$98.00			\$98.00
4	\$420.00						\$420.00
5	\$136.00					\$15.60	\$151.60
6	\$490.00	\$1,760.00		\$176.00			\$2,426.00
7				\$201.57			\$201.57
8				\$126.00			\$126.00
9				\$160.00			\$160.00
10				\$478.42			\$478.42
11				\$40.00			\$40.00
12			\$396.00				\$396.00
13	\$280.00						\$280.00
14				\$862.11			\$862.11
15	\$70.00						\$70.00
16	\$420.00			\$210.00			\$630.00
17		\$4,480.00		\$448.00			\$4,928.00
18	\$2,450.00			\$381.28			\$2,831.28
19	\$1,120.00			\$308.14			\$1,428.14
20	\$3,570.00						\$3,570.00
21		\$2,380.00		\$238.00			\$2,618.00
SUBTOTAL	\$10,302.61	\$8,934.69	\$396.00	\$3,881.05	\$0.00	\$15.60	\$23,529.95

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due Page 2 of 2

Audit No: VNO-16-03-R2-6

**Subject:** City of Los Angeles

Location: Los Angeles Type: SI

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed Increase	Death Benefits	Penalty interest, or other	Total
22				\$1,669.00			\$1,669.00
23				\$98.00			\$98.00
24	\$392.33			\$70.00			\$392.33
25	\$392.33			\$56.00			\$56.00
26		\$502.86		\$50.29			\$553.15
20		\$302.80		\$30.29			\$333.13

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: SAC-11-03-R1-6** 

**Subject:** City of Modesto

**Location: Modesto** 

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED ANI	D UNDISPUTED	INDEMNI	ГҮ		1
A. Frequency Rate							<b>⊒</b>
# claims with unpd indem	2	divide by # cl	laims with payable	indem	47	=	0.04255
D. A A			d Obligation to Be	T., 1			
B. Average Amount of Unp	-	_					47
Total unpd indem. =	\$398.73	divide by	# of claims with	1 obligation			47 \$ 8.48
					Avg Unpd	ma –	\$ 0.40
C. Severity Rate							
Avg Unpd Indem	\$ 8.48	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	0.04556
D. Factor for Failure to pay				0.04556	37	1:0 0	2
Frequency rate	0.04255	X	Severity rate	0.04556	X	modifier of	0.00388
						_	0.00388
2. FACTOR FOR LATE FI	RST PAYME	NT OF TEMP	ORARY DISABI	LITY OR F	IRST NOTIO	CE	
# claims with late 1st TD		0	divide by # with			4	
# claims with late first SC n	otice	7	divide by # with	n salary con	tinuation	34	_
	Γotals	7	divide by		Totals	38	=
							0.18421
3. FACTOR FOR LATE FI	DST DAVME	NT OF PERM	IANENT DISARI	LITV VRM	(A AND DE	EATH RENE	FITS
# claims with late first PD	IKSTTATME	0	divide by # with		IA, AND DI	26	1115
# claims with late first VRM	1A	0	divide by # with		A	3	
# claims with late first DB		0	divide by # with			0	
-	Γotals	0	divide by	•	Totals	29	=
			•				0.00000
4. FACTOR FOR LATE SI				1		20	
# claims with late subsequer	nt payments	0	divide by # witl	1 subsequen	t payments	28	0.00000
							0.00000
5. FACTOR FOR PROVIS	ION OF AME	OME NOTIC	ES AND NOTICE	ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCA			N				
# claims with AME/QME no					requiring no		34
# claims with VR potential of	eligibility notic	ce violations	3	divide by #	requiring no	otices	6
		Totals	7			Totals	40
						=	0.17500
PROFILE AUDIT REVIE Profile Audit Review Perfo				g score.			0.36309

### **Penalty Assessments and Collections**

Files Audited: 47
Indemnity 47
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: SAC-11-03-R1-6** 

**Subject:** City of Modesto

Location: Modesto Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	INO
1	0	\$0	\$0	\$0	\$0		X
2	0	\$0	\$0	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	0	\$0	\$0	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	8	\$250	\$250	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	3	\$700	\$700	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	3	\$1,100	\$1,100	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	2	\$200	\$200	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	0	\$0	\$0	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	16	\$2,250	\$2,250	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: SAC-11-03-R1-6** 

**Subject:** City of Modesto

Location: Modesto Type: SI

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed Increase	Death Benefits	Penalty Interest or Other	Total
1	\$208.00	\$0.00	\$0.00	\$20.80	\$0.00	\$0.00	\$228.80
2	\$164.45	\$0.00	\$0.00	\$5.48	\$0.00	\$0.00	\$169.93
TOTAL	\$372.45	\$0.00	\$0.00	\$26.28	\$0.00	\$0.00	\$398.73

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: OAK-03-03-R1-6

Subject: City of Richmond Risk Management

Location: Richmond

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED ANI	O UNDISPUTED	INDEMNI	ГҮ		1
A. Frequency Rate							•
# claims with unpd indem	1	divide by # cl	aims with payable	indem	51	=	0.01961
B. Average Amount of Unp	aid Indomnits	, per Claim wit	h Obligation to Pa	v Indomnit	<b>.</b>		
-	\$ 56.00	divide by	# of claims with				51
Total unpu muem. –	\$ 50.00	divide by	# 01 Claims with	i oonganon	Avg Unpd		\$ 1.10
					my chipu	ma	φ 1.10
C. Severity Rate							
	\$ 1.10	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	0.00590
<i>U</i> 1		J	C 1				
D. Factor for Failure to pay	Undisputed A	accrued Indemi	<u>nity</u>				
Frequency rate	0.01961	X	Severity rate	0.00590	X	modifier of	2
						=	0.00023
2. FACTOR FOR LATE FI	RST PAYME						
# claims with late 1st TD		1	divide by # with			2	
# claims with late first SC no		17	divide by # with	n salary con		48	_
1	Totals	18	divide by		Totals	50	=
							0.36000
3. FACTOR FOR LATE FI	DCT DAVME	NT OF DEDM	ANENT DISABI	ITV VDI	A AND DE	ATH DENE	FITC
# claims with late first PD	KSTTATME	0	divide by # with		IA, AND DE	11	1113
# claims with late first VRM	Α	0	divide by # with		Α	0	
# claims with late first DB		0	divide by # with			0	
	otals	0	divide by	p	Totals	11	=
			· · · · · · · · · · · · · · · · · ·				0.00000
4. FACTOR FOR LATE SU	JBSEQUENT	INDEMNITY	PAYMENTS				
# claims with late subsequen	nt payments	3	divide by # with	n subsequen	t payments	9	=
							0.33333
5. FACTOR FOR PROVISI				ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCA							
# claims with AME/QME no					requiring no		38
# claims with VR potential e	eligibility notic		0	divide by #	requiring no		3
		Totals	I			Totals	41
						=	0.02439
BB 0 BW B 1 VIB VIB F							
PROFILE AUDIT REVIE							0.71795

### **Penalty Assessments and Collections**

Files Audited: 51
Indemnity 51
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: OAK-03-03-R1-6** 

Subject: City of Richmond Risk Management

Location: Richmond Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item#	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	2	\$75	\$75	\$0	\$0		X
2	0	\$0	\$0	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	3	\$235	\$235	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	19	\$945	\$945	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	0	\$0	\$0	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	1	\$100	\$100	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	1	\$100	\$100	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	26	\$1,455	\$1,455	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: OAK-03-03-R1-6** 

**Subject:** City of Richmond Risk Management

Location: Richmond Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability	V IXIVIA	imposed	Benefits	Interest	10141
rumoer	Disability	Disability		Increase	Delicities	or Other	
						or other	
1				\$56.00			\$56.00
TOTAL	\$0.00	\$0.00	\$0.00	\$56.00	\$0.00	\$0.00	\$56.00

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: OAK-02-03-R1-6

**Subject:** Contra Costa County Schools Insurance Group

**Location: Pleasant Hill** 

1. FACTOR FOR FAILU	RE T	O PAY AC	CCRUED ANI	O UNDISPUTED	INDEMNIT	ГΥ		
A. Frequency Rate # claims with unpd indem		8	divide by # cl	aims with payable	e indem	56	=	0.14286
· ·			-					
B. Average Amount of Un	_							
Total unpd indem. =	\$	7,952.98	divide by	# of claims with	h obligation			56
						Avg Unpd	Ind =	\$ 142.02
C. Severity Rate	Ф	1.42.02	1: :1 1	1: 1 100	20.2001 6	ф. 10 <i>(</i> <b>2</b> 1		0.76267
Avg Unpd Indem	\$	142.02	divide by av	g unpd indem 199	99-2001 01	\$ 186.21	=	0.76267
D. Factor for Failure to pa	ıy Ur	ndisputed A	ccrued Indemi	<u>nity</u>				
Frequency rate		0.14286	X	Severity rate	0.76267	X	modifier of	2
							=	0.21791
2. FACTOR FOR LATE	FIRS	T PAYME						
# claims with late 1st TD			1	divide by # with			8	
# claims with late first SC			14	divide by # with	h salary con		43	_
	Tota	als	15	divide by		Totals	51	=
								0.29412
3. FACTOR FOR LATE	FIRS	T DAVME	NT OF PERM	ANENT DISABI	LITV VRM	IA AND DE	ATH RENE	FITS
# claims with late first PD	III	1 17X 1 WIL	6	divide by # with		171, 71110 DI	20	1115
# claims with late first VR	MA		0	divide by # with		Α	1	
# claims with late first DB			0	divide by # with			0	
	Tota	als	6	divide by	P	Totals	21	_ =
								0.28571
4. FACTOR FOR LATE	SUB	SEQUENT	INDEMNITY					
# claims with late subsequ	ent p	ayments	0	divide by # with	h subsequen	t payments	18	=
								0.00000
<u> </u>								
5. FACTOR FOR PROVI					ES OF POT	ENTIAL		
ELIGIBILITY FOR VOC					1: :1 1 //		,-	2.4
# claims with AME/QME				0		requiring no		34
# claims with VR potentia	lelig	ibility notic		2	divide by #	requiring no		4
			Totals	2			Totals	38
							=	0.05263
PROFILE AUDIT REVI	EW	PERFORM	MANCE RAT	ING				0.85037
Profile Audit Review Per	forn	nance Ratii	ng of 2.10 or g	greater is a failin	g score.			

#### **Penalty Assessments and Collections**

Files Audited: 56
Indemnity 56
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: OAK-02-03-R1-6** 

**Subject:** Contra Costa County Schools

**Insurance Group** 

Location: Pleasant Hill Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	110
1	1	\$50	\$50	\$0	\$0		X
2	6	\$1,305	\$1,305	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	2	\$150	\$150	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	15	\$610	\$610	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	2	\$500	\$500	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	0	\$0	\$0	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	2	\$400	\$400	\$0	\$0		X
18 b	1	\$1,000	\$1,000	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	7	\$625	\$625	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	36	\$4,640	\$4,640	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: OAK-02-03-R1-6** 

**Subject:** Contra Costa County Schools Insurance Group

Location: Pleasant Hill, CA Type: Ins

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed	Death Benefits	Penalty Interest	Total
				Increase		or Other	
1				\$96.00			\$96.00
2				\$124.00			\$124.00
3				\$557.71			\$557.71
4	\$107.73						\$107.73
5	\$575.01			\$27.45			\$602.46
6		\$5,485.51		\$548.57			\$6,034.08
7				\$298.00			\$298.00
8				\$133.00			\$133.00
TOTAL	\$682.74	\$5,485.51	\$0.00	\$1,784.73	\$0.00	\$0.00	\$7,952.98

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: LAO-17-03-T1-6** 

**Subject:** County of Riverside

**Location: Riverside** 

1. FACTOR FOR FAILUI	RE TO PAY A	CCRUED ANI	D UNDISPUTED	INDEMNI	ГΥ		1
A. Frequency Rate							•
# claims with unpd indem	3	divide by # cl	laims with payable	e indem	55	=	0.05455
D 4 CIT		GI :	1 011 B	T 1			
B. Average Amount of Un							5.5
Total unpd indem. =	\$578.90	divide by	# of claims with	n obligation	Avg Unpd		55 \$ 10.53
					Avg Onpu	ma –	\$ 10.33
C. Severity Rate							
Avg Unpd Indem	\$ 10.53	divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.05652
11.8 onpa maem	Ψ 10.02	urriue of ur	g unpu muum 199	, 2001 01	ψ 100. <b>2</b> 1		0.00002
D. Factor for Failure to pa	y Undisputed A	Accrued Indem	<u>nity</u>				
Frequency rate	0.05455	X	Severity rate	0.05652	X	modifier of	2
						=	0.00617
2. FACTOR FOR LATE F	FIRST PAYME						
# claims with late 1st TD		0	divide by # witl			16	
# claims with late first SC		24	divide by # witl	h salary con		47	_
	Totals	24	divide by		Totals	63	=
							0.38095
3. FACTOR FOR LATE F	SIDST DAVME	NIT OF DEDM	ANENT DISABI	LITV VDN	IA AND DI	EATH DENE	EITC
# claims with late first PD	IKSTTATME	5	divide by # witl		ia, and di	19	.113
# claims with late first VRI	MΑ	0	divide by # with		A	4	
# claims with late first DB	· · · · · · · · · · · · · · · · · · ·	0	divide by # with			2	
	Totals	5	divide by	P	Totals	25	_ =
							0.20000
4. FACTOR FOR LATE S		INDEMNITY					
# claims with late subseque		^					
# claims with rate subseque	ent payments	0	divide by # witl	h subsequen	t payments	31	=
# ciainis with fate subseque	ent payments	0	divide by # witl	h subsequen	t payments	31	0.00000
		Ť	•	•		31	
5. FACTOR FOR PROVIS	SION OF AME	E/QME NOTIC	EES AND NOTICE	•		31	
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA	SION OF AME	E/QME NOTIC	EES AND NOTICE	ES OF POT	ENTIAL		0.00000
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIC s	EES AND NOTICE ON 7	ES OF POT	ENTIAL requiring no	otices	38
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIO s ce violations	EES AND NOTICE ON 7 2	ES OF POT	ENTIAL	otices otices	38 7
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIC s	EES AND NOTICE ON 7	ES OF POT	ENTIAL requiring no	otices	38
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIO s ce violations	EES AND NOTICE ON 7 2	ES OF POT	ENTIAL requiring no	otices otices	38 7 45
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIO s ce violations	EES AND NOTICE ON 7 2	ES OF POT	ENTIAL requiring no	otices otices Totals	38 7
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP notice violation eligibility notice	E/QME NOTIC HABILITATIONS IS Ce violations Totals	TES AND NOTICE  7  2  9	ES OF POT	ENTIAL requiring no	otices otices Totals	38 7 45

### **Penalty Assessments and Collections**

Files Audited: 55
Indemnity 55
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No:** LAO-17-03-T1-6

**Subject:** County of Riverside

Location: Riverside Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	0	\$0	\$0	\$0	\$0		X
2	5	\$1,145	\$1,145	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	0	\$0	\$0	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	24	\$830	\$830	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	2	\$600	\$600	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	7	\$1,940	\$1,940	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	3	\$300	\$300	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	41	\$4,815	\$4,815	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: LAO-17-03-T1-6** 

**Subject:** County of Riverside

Location: Riverside Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$178.50			\$178.50
2				\$266.00			\$266.00
3				\$134.40			\$134.40
TOTAL	\$0.00	\$0.00	\$0.00	\$578.90	\$0.00	\$0.00	\$578.90

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: LAO-16-03-R1-6

**Subject:** County of San Diego

**Location: San Diego** 

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED ANI	O UNDISPUTED	INDEMNI	ГΥ		7
A. Frequency Rate							-4
# claims with unpd indem	11	divide by # cl	aims with payable	e indem	57	=	0.19298
D. A. A. CII	.17 1 2	CI : :	1 O11: .:	T 1 %			
B. Average Amount of Unp	\$ 7,199.50		th Obligation to Pa # of claims with	•			57
Total unpd indem. =	\$ 7,199.30	divide by	# Of Claims with	i obligation	Avg Unpd		\$ 126.31
					Avg Onpu	mu –	\$ 120.51
C. Severity Rate							
· · · · · · · · · · · · · · · · · · ·	\$ 126.31	divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.67830
		,					
D. Factor for Failure to pay	Undisputed A	Accrued Indem	<u>nity</u>				
Frequency rate	0.19298	3 X	Severity rate	0.67830	X	modifier of	
						=	0.26180
2 FACTOR FOR LATE F	IDCT DAVAGE	ENTE OF TENE	OD ADV DICADI	LITYODE	IDOT MOTI	OE.	
2. FACTOR FOR LATE F. # claims with late 1st TD	IRST PAYME	3	divide by # witl			<u>CE</u> 8	
# claims with late first SC n	otica	3 7	divide by # with			30	
	Totals	10	divide by # with	i Salary Con	Totals	38	<del>-</del> =
	Totals	10	divide by		Totals	30	0.26316
							0.20310
3. FACTOR FOR LATE F	IRST PAYMI	ENT OF PERM	ANENT DISABI	LITY, VRN	IA, AND DI	EATH BENE	FITS
# claims with late first PD		4	divide by # witl	h first PD		37	
# claims with late first VRM	1A	1	divide by # witl	h first VRM		5	
# claims with late first DB		0	divide by # witl	h first DB p	aid	0	_
,	Totals	5	divide by		Totals	42	=
							0.11905
A FACTOR FOR LATE OF	I IDGE OF IED IS	E D IDEN O HEET	A DALLA CENTEG				
4. FACTOR FOR LATE ST # claims with late subsequent		FINDEMNITY 6	divide by # witl		4	34	=
# claims with late subseque	nt payments	0	divide by # with	n subsequen	ı payments	34	0.17647
							0.17047
5. FACTOR FOR PROVIS	ION OF AMI	E/OME NOTIC	ES AND NOTIC	ES OF POT	ENTIAL		1
ELIGIBILITY FOR VOCA		-		20 01 101	LIVILLE		
# claims with AME/QME n				divide by #	requiring no	otices	50
# claims with VR potential					requiring no		10
•		Totals	8	-		Totals	60
						=	0.13333
PROFILE AUDIT REVIE						=	0.13333 <b>0.95381</b>

#### **Penalty Assessments and Collections**

Files Audited: 58
Indemnity 57
Medical Only 0
Denied 0
Complaints 1
Additional 0

**Audit No:** LAO-16-03-R1-6

**Subject:** County of San Diego

Location: San Diego Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	110
1	3	\$175	\$175	\$0	\$0		X
2 3	4	\$1,540	\$1,540	\$0	\$0		X
	1	\$100	\$100	\$0	\$0		X
4	7	\$430	\$430	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	7	\$390	\$390	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	7	\$2,600	\$2,600	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	1	\$400	\$400	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	4	\$1,500	\$1,500	\$0	\$0		X
18 b	2	\$600	\$600	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	7	\$600	\$600	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	43	\$8,335	\$8,335	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: LAO-16-03-R1-6** 

**Subject:** County of San Diego

Location: San Diego Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$139.17			\$13.92			\$153.09
2	\$420.00						\$420.00
3				\$91.43			\$91.43
4				\$101.55			\$101.55
5	\$324.19			\$123.19			\$447.38
6				\$62.00			\$62.00
7	\$3,610.48						\$3,610.48
8				\$40.00			\$40.00
9		\$438.57		\$43.86			\$482.43
10		\$1,602.85		\$160.29			\$1,763.14
11				\$28.00			\$28.00
TOTAL	\$4,493.84	\$2,041.42	\$0.00	\$664.24	\$0.00	\$0.00	\$7,199.50

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: SFO-13-03-R1-1

**Subject:** Crum and Forster Insurance

Location: Plano, TX

1. FACTOR FOR FAILU	RE T	O PAY AC	CCRUED AN	D UNDISPUTED	INDEMNI	ГҮ		
A. Frequency Rate		_						0.40500
# claims with unpd indem		7	divide by # c	laims with payable	e indem	56	=	0.12500
B. Average Amount of Ur	npaid	Indemnity	per Claim wi	th Obligation to Pa	ay Indemnit	V		
Total unpd indem. =	\$	6,338.38	divide by	# of claims with			n.	56
						Avg Unpd	Ind =	\$ 113.19
C. Severity Rate								
Avg Unpd Indem	\$	113.19	divide by av	vg unpd indem 199	99-2001 of	\$ 186.21	=	0.60784
	•			. 8 p		*		
D. Factor for Failure to pa	ıy Un							
Frequency rate		0.12500	X	Severity rate	0.60784	X	modifier of	2
							_	0.15196
2. FACTOR FOR LATE	FIRS	T PAYME	NT OF TEMP	PORARY DISABI	LITY OR F	IRST NOTIO	CE	
# claims with late 1st TD			23	divide by # with			54	
# claims with late first SC	notic	e	0	divide by # with	h salary con	tinuation	0	
	Tota	ıls	23	divide by		Totals	54	=
								0.42593
3. FACTOR FOR LATE I	FIRS	ΤΡΔΥΜΕ	NT OF PERM	ANENT DISARI	LITV VRM	IA AND DE	EATH RENEE	PTI
# claims with late first PD	III	1 171 IVIL	3	divide by # with		III, IIIID DI	12	115
# claims with late first VR	MA		0	divide by # with		A	4	
# claims with late first DB			0	divide by # with			0	
	Tota	ıls	3	divide by	•	Totals	16	=
								0.18750
4 EACTOR FOR LATE	CLID	CEOLIENT	DIDEMNITS	Z DASZMENITO				
4. FACTOR FOR LATE S			INDEMNIT :	divide by # with	h subsequen	t navments	37	=
# claims with face subsequ	ciit p	ayments	10	divide by # with	ii suosequen	it payments	31	0.27027
								**=**=*
5. FACTOR FOR PROVI	SION	OF AME	QME NOTIO	CES AND NOTIC	ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCA								
# claims with AME/QME				5		requiring no		20
# claims with VR potential	lelig	ibility notic		8	divide by #	requiring no		12
			Totals	13			Totals	32
							=	0.40625
PROFILE AUDIT REVI	FW.	DEDEOD	MANCE DAT	FINC				1.44191
Profile Audit Review Per					ng score.			1,44171

**Penalty Assessments and Collections** 

Files Audited: 56
Indemnity 56
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: SFO-13-03-R1-1** 

**Subject:** Crum and Forster Insurance

Location: Plano, TX Type: INS

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	res	NO
1	25	\$2,985	\$2,985	\$0	\$0		X
2	3	\$1,220	\$1,220	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	14	\$1,645	\$1,645	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	8	\$2,300	\$2,300	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	5	\$1,900	\$1,900	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	3	\$1,300	\$1,300	\$0	\$0		X
18 b	1	\$400	\$400	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	3	\$250	\$250	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	1	\$500	\$500	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	63	\$12,500	\$12,500	\$0	\$0		

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due

**Audit No: SFO-13-03-R1-1** 

**Subject:** Crum and Forster Insurance

Location: Plano, TX Type: Ins

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$68.32						\$68.32
2				\$75.08			\$75.08
3	\$61.19						\$61.19
4				\$196.00			\$196.00
5		\$2,148.57		\$214.86			\$2,363.43
6						\$428.49	\$428.49
7	\$2,859.88			\$285.99			\$3,145.87
TOTAL	£2 000 20	£2 149 57	\$0.00	6771 02	£0.00	£420 40	66 220 20
TOTAL	\$2,989.39	\$2,148.57	\$0.00	\$771.93	\$0.00	\$428.49	\$6,338.38

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: SAC-04-03-R2-5

**Subject: Cunningham Lindsey Claims Management** 

**Location: Rancho Cordova** 

1. FACTOR FOR FAILUI	RE TO PAY A	CCRUED ANI	O UNDISPUTED	INDEMNI	ГҮ		1
A. Frequency Rate							•
# claims with unpd indem	14	divide by # cl	aims with payable	indem	49	=	0.28571
B. Average Amount of Un			-	•			40
Total unpd indem. =	\$ 15,583.25	divide by	# of claims with	i obligation	1 2		49 \$ 318.03
					Avg Unpd	ina –	\$ 318.03
C. Severity Rate							
Avg Unpd Indem	\$ 318.03	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	1.70789
8p	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8 to		4		
D. Factor for Failure to pa	y Undisputed A	Accrued Indem	<u>nity</u>				
Frequency rate	0.28571	l X	Severity rate	1.70789	X	modifier of	2
						=	0.97594
2. FACTOR FOR LATE F	FIRST PAYMI						
# claims with late 1st TD		21	divide by # with			45	
# claims with late first SC		<u>0</u> 21	divide by # with divide by	i salary con		<u>0</u> 45	<u> </u>
	Totals	21	divide by		Totals	43	0.46667
							0.40007
3. FACTOR FOR LATE F	FIRST PAYME	ENT OF PERM	ANENT DISABI	LITY. VRM	IA. AND DI	EATH BENE	FITS
# claims with late first PD		4	divide by # with		,	11	
# claims with late first VRI	MA	0	divide by # with		ÍΑ	1	
# claims with late first DB		0	divide by # with	n first DB p	aid	0	
	Totals	4	divide by		Totals	12	
							0.33333
4. FACTOR FOR LATE S							
# claims with late subseque	ent payments	10	divide by # with	ı subsequen	it payments	29	=
							0.34483
5. FACTOR FOR PROVIS	CION OF AMI	E/OME NOTIC	EC AND MOTICI	EC OF DOT	ENITIAI		
ELIGIBILITY FOR VOCA				ES OF POT	ENTIAL		
# claims with AME/QME i				divide by #	requiring no	ntices	39
# claims with VR potential					requiring no		6
" ciamis with the potential	engionity not	Totals	16	arvide oy "	requiring ne	Totals	45
						=	0.35556
PROFILE AUDIT REVI		MANOR DAT	TATO				0.45(00
Profile Audit Review Per							2.47632

# Full Compliance Audit Performance Rating of Randomly Selected Claims

**Audit No: SAC-04-03-R2-5** 

Calendar Year: 2003

Subject: Cunningham Lindsey Claims Management

**Location: Rancho Cordova** 

1. FACTOR FOR FAILUI	RE TO PAY A	CCRUED AN	D UNDISPUTED	) INDEMN	ITY		1
A. Frequency Rate							
# claims with unpd indem	27	divide by # cla	aims with payable	indem	91	=	0.29670
		· · ·					
B. Average Amount of Un							0.4
Total unpd indem =	\$ 23,704.83	divide by	# of claims with	i obligation			91
					Avg Unpd	Ina =	\$ 260.49
C. Severity Rate							
	\$ 260.49	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	1.39892
rivg onpu mu.	200.19	divide by av	g unpu muem 199	2001 01	ψ 100.21		1.57072
D. Factor for Failure to pa	y Undisputed	Accrued Indem	<u>nnity</u>				
Frequency rate	0.29670	X	Severity rate	1.39892	X	modifier of	
						=	0.83013
2. FACTOR FOR LATE F	TRST PAYMI						
# claims with late 1st TD		36	divide by # with			83	
# claims with late first SC i	notice Fotals	36	_ divide by # with	1 salary con	Totals	83	<b>-</b> _
]	otais	30	divide by		Totals	83	0.43373
							0.43373
3. FACTOR FOR LATE F	FIRST PAYMI	ENT OF PERM	MANENT DISAB	ILITY. VRI	MA. AND D	EATH BENI	EFITS
# claims with late first PD	-	9			, .		
" Ciuilio With late Hist I D		9	divide by # with	i first PD		23	
# claims with late first VR!	MA	1	divide by # with divide by # with		A	5	
				n first VRM			
# claims with late first VR! # claims/late first death ber		1	divide by # with	n first VRM		5	
# claims with late first VR! # claims/late first death ber	nefits	1	divide by # with divide by # with	n first VRM	ben paid	5	= 0.35714
# claims with late first VR! # claims/late first death ber	nefits Fotals	1 0 10	divide by # with divide by # with divide by	n first VRM	ben paid	5	= 0.35714
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S	nefits Fotals SUBSEQUEN	1 0 10 Γ INDEMNITY	divide by # with divide by # with divide by  Y PAYMENTS	n first VRM n first death	ben paid Totals	5 0 28	
# claims with late first VR! # claims/late first death ber	nefits Fotals SUBSEQUEN	1 0 10	divide by # with divide by # with divide by	n first VRM n first death	ben paid Totals	5	=
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S	nefits Fotals SUBSEQUEN	1 0 10 Γ INDEMNITY	divide by # with divide by # with divide by  Y PAYMENTS	n first VRM n first death	ben paid Totals	5 0 28	
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p	nefits Fotals SUBSEQUEN' ayments	1 0 10 10 F INDEMNITY 22	divide by # with divide by # with divide by  Y PAYMENTS divide by # with	n first VRM n first death	ben paid Totals	5 0 28	=
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p	nefits Fotals SUBSEQUENT ayments SION OF AM	1 0 10 10 T INDEMNITY 22 E/QME NOTIO	divide by # with divide by # with divide by  Y PAYMENTS divide by # with	n first VRM n first death	ben paid Totals	5 0 28	=
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA	nefits Fotals SUBSEQUENT ayments SION OF AMATIONAL RE	1 0 10 10 F INDEMNITY 22 E/QME NOTICE HABILITATION	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION	n first VRM n first death n subseq pay	ben paid Totals  yments  TENTIAL	5 0 28	= 0.43137
# claims with late first VR! # claims/late first death ber  1.  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1	SUBSEQUENT ayments SION OF AMI	1 0 10 10 T INDEMNITY 22 E/QME NOTION HABILITATIONS	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL  requiring no	5 0 28 51	=
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA	SUBSEQUENT ayments SION OF AMI	1 0 10 10 T INDEMNITY 22 E/QME NOTION HABILITATIONS	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL	5 0 28 51	= 0.43137 67
# claims with late first VR! # claims/late first death ber  1.  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1	SUBSEQUENT ayments SION OF AMI	1 0 10 10 10 E/QME NOTIONS ce violations	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18 6	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL  requiring no	5 0 28 51	= 0.43137 67 12
# claims with late first VR! # claims/late first death ber  1.  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1	SUBSEQUENT ayments SION OF AMI	1 0 10 10 10 E/QME NOTIONS ce violations	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18 6	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL  requiring no	5 0 28 51	= 0.43137 67 12
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1 # claims with VR potential	SUBSEQUENT ayments SION OF AMI ATIONAL RE notice violation eligibilty noti	1 0 10 10 10 E/QME NOTIONS Ce violations Totals	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18 6 24	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL  requiring no	5 0 28 51 stices tices Totals	= 0.43137 67 12 79 0.30380
# claims with late first VR! # claims/late first death ber  1.  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1	SUBSEQUENT ayments  SION OF AMILIATIONAL REPORTED NOTE AND A CONTROL OF A CONTROL O	1 0 10 10 10 E/QME NOTION TOTALS  DRMANCE R	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTICE  18 6 24  ATING	n first VRM n first death n subseq pay CES OF PO' divide by # divide by #	ben paid Totals  yments  TENTIAL  requiring no requiring no	5 0 28 51 stices tices Totals =	= 0.43137 67 12 79

### **Penalty Assessments and Collections**

Files Audited: 91
Indemnity 91
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No:** SAC-04-03-R2-5

**Subject:** Cunningham Lindsey Claims Management

Location: Rancho Cordova Type: TPA

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Vos	No
	Cited	Assessed	Waived	Collected	Due	Yes	No
1	44	\$3,090	\$0	\$3,090	\$0		X
2	8	\$1,635	\$0	\$1,635	\$0		X
3	1	\$50	\$0	\$50	\$0		X
4	46	\$3,185	\$2,075	\$0	\$1,110		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	6	\$1,900	\$1,900	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	18	\$6,800	\$6,800	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	15	\$2,650	\$0	\$2,650	\$0		X
18 b	8	\$3,400	\$0	\$3,400	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	40	\$2,700	\$0	\$2,700	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	186	\$25,410	\$10,775	\$13,525	\$1,110		

Administrative penalties waived pursuant to Labor Code Section 129.5(c)(1).

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due Page 1 of 2

**Audit No: SAC-04-03-R2-5** 

**Subject: Cunningham Lindsey Claims Management** 

Location: Rancho Cordova Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$492.40			\$112.76			\$605.16
2				\$32.00			\$32.00
3		\$6,240.00		\$656.00			\$6,896.00
4				\$522.70			\$522.70
5		\$660.00					\$660.00
6		\$38.50		\$3.85			\$42.35
7				\$83.20			\$83.20
8		\$120.00					\$120.00
9	\$1,680.00			\$693.00			\$2,373.00
10				\$280.00			\$280.00
11	\$36.20						\$36.20
12	\$264.97						\$264.97
13		\$840.00					\$840.00
14	\$190.44						\$190.44
15	\$210.00						\$210.00
16				\$375.16			\$375.16
17	\$257.01			\$20.09			\$277.10
18	\$70.00						\$70.00
19	\$80.91						\$80.91
20	\$144.00			\$217.40			\$361.40
21		\$6,008.00					\$6,008.00
SUBTOTAL	\$3,425.93	\$13,906.50	\$0.00	\$2,996.16	\$0.00	\$0.00	\$20,328.59

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due Page 2 of 2

**Audit No: SAC-04-03-R2-5** 

Subject: Cunningham Lindsey Claims Management

Location: Rancho Cordova Type: TPA

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed Increase	Death Benefits	Penalty interest, or other	Total
				increase		or other	
22	\$210.00						\$210.00
23	\$62.74						\$62.74
24				\$112.00			\$112.00
25	\$210.00			\$627.69			\$837.69
26	\$280.00			\$42.00			\$322.00
27		\$1,460.00		\$371.81			\$1,831.81

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: SFO-04-03-R1-1

**Subject: Federated Mutual Insurance** 

Location: Phoenix, AZ

1. The fold of this	RE TO PAY A	CCRUED ANI	O UNDISPUTED	INDEMNIT	ГΥ		1
A. Frequency Rate							_
# claims with unpd indem	0	divide by # cl	aims with payable	e indem	3	=	0.00000
D 4 CIT		ou : ·	1.011				
B. Average Amount of Ur			_				2
Total unpd indem. =	\$ -	divide by	# of claims with	n obligation	Avg Unpd		3 \$ -
					Avg Onpu	mu –	Ф -
C. Severity Rate							
Avg Unpd Indem	\$ -	divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.00000
D. Factor for Failure to pa							
Frequency rate	0.00000	) X	Severity rate	0.00000	X	modifier of	2
						=	0.00000
2. FACTOR FOR LATE I	CIDCT DAVMI	ENT OF TEMP	OD A DV DICADI	TITV OD E	IDCT NOTE	CE	
# claims with late 1st TD	FIRST PATME	2	divide by # wit			3	
# claims with late first SC	notice	0	_ divide by # wit			0	
" Claims with late first SC	Totals	2	divide by	ir saidry con	Totals	3	=
			<i>a</i>			-	0.66667
3. FACTOR FOR LATE I	FIRST PAYME	ENT OF PERM			IA, AND DI	EATH BENE	FITS
# claims with late first PD		0	divide by # wit			0	
# claims with late first VR		0	divide by # wit			0	
# claims with late first DB	Totals	0	divide by # wit	h first DB pa		0	-
	Lotais	U	divide by		Totals	0	=
	Totals						0.00000
	Totals		,				0.00000
4 FACTOR FOR LATE S		Γ INDEMNITY					0.00000
4. FACTOR FOR LATE S # claims with late subseque	SUBSEQUENT	Γ INDEMNITY 0	PAYMENTS	h subsequen	t payments	1	0.00000
4. FACTOR FOR LATE S # claims with late subseque	SUBSEQUENT			h subsequen	t payments	1	
# claims with late subseque	SUBSEQUENT ent payments	0	PAYMENTS divide by # wit	•		1	=
# claims with late subseque  5. FACTOR FOR PROVI	SUBSEQUENT ent payments  SION OF AME	0 E/QME NOTIC	PAYMENTS divide by # wit	•		1	=
# claims with late subseque 5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA	SUBSEQUENT ent payments SION OF AME ATIONAL REF	0 E/QME NOTIC HABILITATIO	PAYMENTS divide by # wit  ES AND NOTIC	ES OF POT	ENTIAL		= 0.00000
# claims with late subseque  5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA # claims with AME/QME	SUBSEQUENT ent payments  SION OF AME ATIONAL REPROSE	0 E/QME NOTIC HABILITATIO	PAYMENTS divide by # wit	ES OF POT	ENTIAL requiring no	otices	=
# claims with late subseque 5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA	SUBSEQUENT ent payments  SION OF AME ATIONAL REPROSE	0 E/QME NOTIC HABILITATIO ns ice violations	PAYMENTS divide by # wit  ES AND NOTIC	ES OF POT	ENTIAL	otices otices	= 0.00000 1 1
# claims with late subseque  5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA # claims with AME/QME	SUBSEQUENT ent payments  SION OF AME ATIONAL REPROSE	0 E/QME NOTIC HABILITATIO	PAYMENTS divide by # wit  ES AND NOTIC	ES OF POT	ENTIAL requiring no	otices	= 0.00000
# claims with late subseque  5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA # claims with AME/QME	SUBSEQUENT ent payments  SION OF AME ATIONAL REPROSE	0 E/QME NOTIC HABILITATIO ns ice violations	PAYMENTS divide by # wit  ES AND NOTIC	ES OF POT	ENTIAL requiring no	otices otices	= 0.00000 1 1
# claims with late subseque  5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA # claims with AME/QME	SUBSEQUENT ent payments  SION OF AME ATIONAL REF notice violation I eligibility noti	0 E/QME NOTIC HABILITATIO ns ice violations Totals	PAYMENTS divide by # wit  ES AND NOTIC  N  0  1	ES OF POT	ENTIAL requiring no	otices otices	= 0.00000 1 1 2

### **Penalty Assessments and Collections**

Files Audited: 3
Indemnity 3
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: SFO-04-03-R1-1** 

**Subject:** Federated Mutual Insurance

Location: Phoenix, AZ Type: INS

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	110
1	2	\$75	\$75	\$0	\$0		X
2	0	\$0	\$0	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	0	\$0	\$0	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	1	\$500	\$500	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	0	\$0	\$0	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	0	\$0	\$0	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	3	\$575	\$575	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: SFO-04-03-R1-1** 

**Subject:** Federated Mutual Insurance

Location: Phoenix, AZ Type: INS

## No Undisputed Compensation Was Found Unpaid

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: SAC-03-03-R1-5** 

**Subject:** Frank Gates Service Company

**Location: El Dorado Hills** 

1. FACTOR FOR FAILURE	TO PAY A	CCRUED AN	D UNDISPUTED	INDEMNI	ГҮ		7
A. Frequency Rate							₫
# claims with unpd indem	17	divide by # c	laims with payable	e indem	41	=	0.41463
B. Average Amount of Unpa		_					
Total unpd indem. = \$	3,594.78	divide by	# of claims with	n obligation	1 2		41
					Avg Unpd	Ind =	\$ 87.68
C. Severity Rate	07.60	1: :1 1	1: 1 100	00 2001 C	ф. 10 <b>6.2</b> 1		0.47005
Avg Unpd Indem \$	87.68	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	0.47085
D. Factor for Failure to pay U	Jndisputed A	Accrued Indem	nitv				
Frequency rate	0.41463		Severity rate	0.47085	X	modifier of	2
			Ž			=	0.39046
2. FACTOR FOR LATE FIR	ST PAYME	ENT OF TEMP					
# claims with late 1st TD		15	divide by # with			36	
# claims with late first SC not	ice	0	divide by # with	n salary con		0	_
To	otals	15	divide by		Totals	36	=
							0.41667
3. FACTOR FOR LATE FIR	ST PAVME	NT OF PERM	IANENT DISARI	LITV VRN	IA AND DE	EATH BENE	FITS
# claims with late first PD	ST 1711VII	3	divide by # with		111, 11110 01	10	1115
# claims with late first VRMA		0	divide by # with		A	2	
# claims with late first DB	-	0	divide by # with			0	
To	otals	3	divide by	- · · · · · · · · · · · · · · · · · · ·	Totals	12	=
			J				0.25000
4. FACTOR FOR LATE SUI		`INDEMNITY					
# claims with late subsequent	payments	16	divide by # with	h subsequen	t payments	25	=
							0.64000
5. FACTOR FOR PROVISION				ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCATI				1: :1.1. //		45	22
# claims with AME/QME not					requiring no		23
# claims with VR potential eli	gibility noti	Totals	11	aiviae by #	requiring no		<u>6</u> 29
		Totals	11			Totals	29
						=	0.37931
PROFILE AUDIT REVIEW	A DEBEUD.	MANCE DAT	TING				2.07644
Profile Audit Review Perfor				g score.			2.0/044

### **Penalty Assessments and Collections**

Files Audited: 41
Indemnity 41
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: SAC-03-03-R1-5** 

**Subject:** Frank Gates Service Company

**Location:** El Dorado Hills Type: TPA

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	15	\$2,685	\$2,685	\$0	\$0		X
2	3	\$1,020	\$1,020	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	54	\$4,080	\$4,080	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	3	\$1,200	\$1,200	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	8	\$2,900	\$2,900	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	9	\$1,200	\$1,200	\$0	\$0		X
18 b	1	\$400	\$400	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	22	\$1,575	\$1,575	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	115	\$15,060	\$15,060	\$0	\$0		

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due

**Audit No: SAC-03-03-R1-5** 

**Subject:** Frank Gates Service Company

Location: El Dorado Hills Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$231.20			\$231.20
2		\$1,260.00					\$1,260.00
3				\$140.06			\$140.06
4	\$36.18						\$36.18
5				\$160.25			\$160.25
6				\$58.48			\$58.48
7	\$117.03			\$11.70			\$128.73
8				\$50.27			\$50.27
9	\$20.00			\$44.70			\$64.70
10				\$41.10			\$41.10
11				\$280.00			\$280.00
12	\$312.07			\$74.43			\$386.50
13	\$45.60			\$44.03			\$89.63
14	\$17.02			\$1.70			\$18.72
15	\$473.59			\$23.37			\$496.96
16				\$98.00			\$98.00
17	\$54.00						\$54.00
TOTAL	\$1,075.49	\$1,260.00	\$0.00	\$1,259.29	\$0.00	\$0.00	\$3,594.78

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: VNO-04-03-R1-1

Subject: Mitsui Somitomo Insurance Group

**Location: Universal City** 

1. FACTOR FOR FAILURE	TO PAY A	CCRUED AN	D UNDISPUTED	INDEMNIT	ΓΥ		1
A. Frequency Rate							_
# claims with unpd indem	11	divide by # c	laims with payable	indem	51	=	0.21569
B. Average Amount of Unpa							
Total unpd indem. = \$	1,527.40	divide by	# of claims with	obligation	1 2		51
					Avg Unpd	Ind =	\$ 29.95
C. Severity Rate	20.05	1: :1 1	1: 1 100	0.2001 6	ф. 10 <i>С</i> <b>2</b> 1		0.16002
Avg Unpd Indem \$	29.95	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	0.16083
D. Factor for Failure to pay U	Undisputed A	Accrued Indem	nitv				
Frequency rate	0.21569		Severity rate	0.16083	X	modifier of	2
1			Ž			=	0.06938
2. FACTOR FOR LATE FIR	RST PAYME	ENT OF TEMP				CE	
# claims with late 1st TD		16	divide by # with			46	
# claims with late first SC not		0	divide by # with	n salary con		0	_
To	otals	16	divide by		Totals	46	=
							0.34783
2 FACTOR FOR LATE BIR	OT DAID OF	NE OF PERM	AND THE DIG A DA	TITLE TIPE	(	A THE DESIGN	nama.
3. FACTOR FOR LATE FIR	STPAYME				IA, AND DE		FITS
# claims with late first PD		2	divide by # with			18	
# claims with late first VRMA # claims with late first DB	4	0	divide by # with divide by # with			8	
	otals	0	divide by # with	ı iirsi DB pa	Totals	26	- =
10	nais	2	divide by		Totals	20	0.07692
							0.07092
4. FACTOR FOR LATE SU	BSEOUENT	T INDEMNITY	PAYMENTS				
# claims with late subsequent		11	divide by # with	n subsequen	t payments	32	=
•			•	•			0.34375
5. FACTOR FOR PROVISION	ON OF AMI	E/QME NOTIC	CES AND NOTICE	ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCAT							
# claims with AME/QME not					requiring no		40
# claims with VR potential el	igibility noti			divide by #	requiring no		11
		Totals	12			Totals	51
						=	0.23529
						_	0.2332)
PROFILE AUDIT REVIEW							
	V PERFOR	MANCE RAT	ΓING				1.07317

**Notices of Compensation Due** 

Audit No: SFO-14-03-R1-6

**Subject:** City and County of San Francisco

Location: San Francisco Type: SI

## No Undisputed Compensation Was Found Unpaid

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Notices of Compensation Due** 

Audit No: SFO-14-03-R1-6

**Subject:** City and County of San Francisco

Location: San Francisco Type: SI

## No Undisputed Compensation Was Found Unpaid

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: VNO-02-03-R1-6

**Subject:** City of Glendale

**Location:** Glendale

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED AN	D UNDISPUTED	INDEMNI	ГҮ		1
A. Frequency Rate							<b>⊒</b>
# claims with unpd indem	5	divide by # c	laims with payable	indem	51	=	0.09804
B. Average Amount of Unp		~					
Total unpd indem. =	\$ 9,865.58	divide by	# of claims with	n obligation	1 2		51
					Avg Unpd	Ind =	\$ 193.44
C. Carrarita Bata							
C. Severity Rate Avg Unpd Indem	\$ 193.44	divide by av	g unpd indem 199	0-2001 of	\$ 186.21	=	1.03884
Avg Onpu muem	ā 193.44	divide by av	g unpu muem 199	79-2001 01	\$ 100.21	_	1.03004
D. Factor for Failure to pay	Undisputed A	Accrued Indem	<u>nity</u>				
Frequency rate	0.09804	X	Severity rate	1.03884	X	modifier of	
						=	0.20369
A ELOTOR FOR LATE D	DOT DATE		OB ABIA BIGABI	I ITII OD E	TD CT NOT	OF.	
2. FACTOR FOR LATE FI	RSTPAYME					0 0	
# claims with late 1st TD	_4:	0	divide by # with			-	
# claims with late first SC n	ouce Fotals	13	divide by # with divide by	i saiary con	Totals	50	_
	iotais	13	divide by		Totals	30	0.26000
							0.20000
3. FACTOR FOR LATE FI	RST PAYME	ENT OF PERM	IANENT DISABI	LITY. VRM	IA. AND DI	EATH BENE	FITS
# claims with late first PD	· · ·	4	divide by # witl		,	13	
# claims with late first VRM	ſΑ	0	divide by # with		A	1	
# claims with late first DB		0	divide by # with			0	
	Γotals	4	divide by	•	Totals	14	=
							0.28571
4. FACTOR FOR LATE SU							
# claims with late subsequer	nt payments	3	divide by # with	n subsequen	t payments	12	=
							0.25000
5 FACTOR FOR PROVIS	IONIOE AME	E/OME NOTIC	TEC AND MOTICE	CC OF DOT	TAITLAT		
5. FACTOR FOR PROVIS ELIGIBILITY FOR VOCA				ES OF POT	ENTIAL		
# claims with AME/QME no				divide by #	requiring no	otices	43
# claims with VR potential of					requiring no		3
" claims with the potential t	ongromity noti	Totals	4	uivide oy "	roquing no	Totals	46
						=	0.08696
						_	0.00070
PROFILE AUDIT REVIE							1.08637
Profile Audit Review Perfo	ormance Rati	ing of 2.10 or <b>s</b>	greater is a failing	g score.			

### **Penalty Assessments and Collections**

Files Audited: 51
Indemnity 51
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: VNO-02-03-R1-6** 

**Subject:** City of Glendale

Location: Glendale Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item#	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	0	\$0	\$0	\$0	\$0		X
2	4	\$1,610	\$1,610	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	3	\$1,440	\$1,440	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	13	\$745	\$745	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	0	\$0	\$0	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	4	\$1,500	\$1,500	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	1	\$100	\$100	\$0	\$0		X
18 b	3	\$1,700	\$1,700	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	4	\$400	\$400	\$0	\$0		X
18 e	1	\$100	\$100	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	33	\$7,595	\$7,595	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: VNO-02-03-R1-6** 

**Subject:** City of Glendale

Location: Glendale Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1		\$48.57		\$937.43			\$986.00
2		\$3,988.00		\$686.80			\$4,674.80
3		\$175.71		\$909.71			\$1,085.42
4		\$2,720.00		\$356.00			\$3,076.00
5	\$43.36	\$0.00		\$0.00			\$43.36
TOTAL	\$43.36	\$6,932.28	\$0.00	\$2,889.94	\$0.00	\$0.00	\$9,865.58

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: AHM-09-03-R1-6

**Subject: City of Huntington Beach** 

**Location: Huntington Beach** 

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED AN	D UNDISPUTED IN	NDEMNITY	7		1
A. Frequency Rate							
# claims with unpd indem	6	divide by # c	laims with payable in	ndem	53	=	0.11321
B. Average Amount of Un							
Total unpd indem. =	\$ 1,216.26	divide by	# of claims with o	_	1 2		53
				1	Avg Unpd	Ind =	\$ 22.95
C. Severity Rate							
Avg Unpd Indem	\$ 22.95	divide by av	g unpd indem 1999-	·2001 of	\$ 186.21	=	0.12324
	TT 1: . 1	. 17 1	٠,				
D. Factor for Failure to pay	*		<u>nity</u> Severity rate	0.12	v	1:0: (	. 2
Frequency rate	0.11	l X	Severity rate	0.12	X	modifier of	0.02790
						_	0.02790
2. FACTOR FOR LATE F	IRST PAYMI	ENT OF TEMP	ORARY DISABILI	TY OR FIR	ST NOTIO	CE.	
# claims with late 1st TD	11111111	0	divide by # with 7			0	
# claims with late first SC n	otice	1	divide by # with s			46	
	Totals	1	divide by	-	Γotals	46	<del>-</del> =
							0.02174
3. FACTOR FOR LATE F	IRST PAYMI	ENT OF PERM	IANENT DISABILI	TY, VRMA	, AND DE	EATH BENE	FITS
# claims with late first PD		7	divide by # with f			21	-
# claims with late first VRN	ЛA	0	divide by # with f	irst VRMA		0	
# claims with late first DB		0	divide by # with f	irst DB paid	d	0	
	Totals	7	divide by		Γotals	21	=
							0.33333
4. FACTOR FOR LATE S		T INDEMNITY					
# claims with late subseque	nt payments	0	divide by # with s	subsequent p	payments	5	=
							0.00000
							-
5. FACTOR FOR PROVIS				OF POTE	NTIAL		
ELIGIBILITY FOR VOCA				.1 1 //			
# claims with AME/QME n				vide by # re			44
# claims with VR potential	eligibility noti			vide by # re	equiring no		4
		Totals	14			Totals	48
						=	0.29167
PROFILE AUDIT REVIE  Profile Audit Review Perf	EW PERFOR	MANCE RAT	ΓING				0.67464

#### **Penalty Assessments and Collections**

Files Audited: 53
Indemnity 53
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: AHM-09-03-R1-6** 

**Subject:** City of Huntington Beach

Location: Huntington Beach Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	110
1	0	\$0	\$0	\$0	\$0		X
2	7	\$830	\$830	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	0	\$0	\$0	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	1	\$20	\$20	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	3	\$1,500	\$1,500	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	11	\$5,100	\$5,100	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	1	\$200	\$200	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	6	\$600	\$600	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	29	\$8,250	\$8,250	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: AHM-09-03-R1-6** 

**Subject:** City of Huntington Beach

Location: Huntington Beach Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$84.00			\$84.00
2				\$168.00			\$168.00
3		\$113.40		\$220.86			\$334.26
4				\$210.00			\$210.00
5				\$210.00			\$210.00
6				\$210.00			\$210.00
TOTAL	\$0.00	\$113.40	\$0.00	\$1,102.86	\$0.00	\$0.00	\$1,216.26

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: AHM-05-03-R1-6** 

**Subject:** City of Long Beach

**Location: Long Beach** 

1. FACTOR FOR FAILURE TO PAY	ACCRUED AN	D UNDISPUTED	INDEMNI	ГΥ		
A. Frequency Rate						_
# claims with unpd indem 4	divide by # c	laims with payable	e indem	56	=	0.07143
D. A A CHI	uit uu Claim i	d. Obligadian ta D	. T. 1			
B. Average Amount of Unpaid Indem Total unpd indem. = \$853						<b>5</b> (
Total unpd indem. = \$853	.25 divide by	# of claims witl	n obligation	Avg Unpd		56 \$ 15.24
				Avg Onpu	ma –	\$ 13.24
C. Severity Rate						
	.24 divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.08182
rrig empu muum		B unpu muem 199	2001 01	Ų 100. <b>2</b> 1		0.00102
D. Factor for Failure to pay Undispute	ed Accrued Indem	<u>nity</u>				
Frequency rate 0.07	143 X	Severity rate	0.08182	X	modifier of	2
					=	0.01169
2. FACTOR FOR LATE FIRST PAY						
# claims with late 1st TD	1	divide by # with			3	
# claims with late first SC notice	5	divide by # with	h salary con		51	_
Totals	6	divide by		Totals	54	=
						0.11111
3. FACTOR FOR LATE FIRST PAY	MENIT OF DEDIV	A MENIT DICADI	LITV VDA	IA AND DI	EATH DENIE	EITC
# claims with late first PD	6	divide by # with		ia, and di	22	F113
# claims with late first VRMA	0	divide by # with		Δ	1	
# claims with late first DB	0	divide by # with			0	
Totals	6	divide by	n mot DD p	Totals	23	=
	•					0.26087
4. FACTOR FOR LATE SUBSEQUE	ENT INDEMNITY	PAYMENTS				
# claims with late subsequent payment	s 1	divide by # witl	h subsequen	t payments	23	=
						0.04348
5. FACTOR FOR PROVISION OF A			ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCATIONAL I						
# claims with AME/QME notice viola				requiring no		51
# claims with VR potential eligibility i		6	divide by #	requiring no		9
	Totals	24			Totals	60
					=	0.40000
						0.10000
PROFILE AUDIT REVIEW PERFO	ORMANCE RAT	ΓING				0.82715

#### **Penalty Assessments and Collections**

Files Audited: 56
Indemnity 56
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: AHM-05-03-R1-6** 

**Subject:** City of Long Beach

Location: Long Beach Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	INO
1	1	\$50	\$50	\$0	\$0		X
2 3	6	\$1,295	\$1,295	\$0	\$0		X
	0	\$0	\$0	\$0	\$0		X
4	1	\$160	\$160	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	5	\$120	\$120	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	6	\$1,900	\$1,900	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	18	\$7,200	\$7,200	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	4	\$350	\$350	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	41	\$11,075	\$11,075	\$0	\$0		

**Notices of Compensation Due** 

Audit No: AHM-05-03-R1-6

**Subject: City of Long Beach** 

Location: Long Beach Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$49.00			\$49.00
2				\$617.14			\$617.14
3				\$157.71			\$157.71
4				\$29.40			\$29.40
TOTAL	\$0.00	\$0.00	\$0.00	\$853.25	\$0.00	\$0.00	\$853.25

# Calendar Year: 2003

#### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: VNO-16-03-R2-6

**Subject:** City of Los Angeles

**Location: Los Angeles** 

1. FACTOR FOR FAILU	RE TO PAY A	CCRUED AN	D UNDISPUTED	INDEMNI	ГҮ		1
A. Frequency Rate							4
# claims with unpd indem	19	divide by # c	laims with payable	e indem	58	=	0.32759
B. Average Amount of Ur	npaid Indemnity	v per Claim wit	th Obligation to Pa	v Indemnit	v		
Total unpd indem. =	\$ 14,521.47		# of claims with			n.	58
					Avg Unpd	Ind =	\$ 250.37
C. C. with But.							
C. Severity Rate Avg Unpd Indem	\$ 250.37	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	1.34456
rivg onpu muom	ψ 250.57	arvide by av	g unpa maem 199	2001 01	Ψ 100.21		1.5 1 150
D. Factor for Failure to pa	y Undisputed A	Accrued Indem					
Frequency rate	0.32759	) X	Severity rate	1.34456	X	modifier of	2
						=	0.88092
2. FACTOR FOR LATE I	FIRST PAYME	ENT OF TEMP	ORARY DISABI	LITY OR F	TRST NOTIO	CE	
# claims with late 1st TD		3	divide by # with			6	
# claims with late first SC	notice	10	divide by # with	n salary con	tinuation	39	_
	Totals	13	divide by		Totals	45	=
							0.28889
3. FACTOR FOR LATE I	FIRST PAYME	ENT OF PERM	IANENT DISARI	LITY VRM	IA AND DE	EATH BENEI	FITS
# claims with late first PD	INSTITUTION	13	divide by # witl		171, 71110 01	18	.115
# claims with late first VR	MA	0	divide by # witl		A	3	
# claims with late first DB		0	divide by # with	n first DB p	aid	0	_
	Totals	13	divide by		Totals	21	=
							0.61905
4. FACTOR FOR LATE S	SHIDSEOHENI	T INDEMNITY	7 DAVMENTS				
# claims with late subseque		7	divide by # with	n subseauen	t payments	21	=
		·			- P J		0.33333
5. FACTOR FOR PROVI				ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCA				1: :1.1. //		45	4.4
# claims with AME/QME # claims with VR potential					requiring no		44 9
# claims with VK potential	engionity non	Totals	24	uivide by #	requiring no	Totals	53
		- 5 *****				- 0 4410	
						=	0.45283
PROFILE AUDIT REVI	EW DEDEAD	MANCE DAT	TINC				2.57502
Profile Audit Review Per				g score.			2.37302

### **Full Compliance Audit Performance Rating of Randomly Selected Claims**

**Audit No: VNO-16-03-R2-6** 

**Subject: City of Los Angeles** 

**Location: Los Angeles** 

1. FACTOR FOR FAILURE TO PAY	ACCRUED AN	ND UNDISPUTED INDEMN	VITY		7
A. Frequency Rate					
# claims with unpd indem 26	divide by # cl	laims with payable indem	133	=	0.19549
B. Average Amount of Unpaid Indemni	tri man Claim iri	rith Obligation to Day Indom	.:		
Total unpd indem = \$26,298.43	ty per Ciaiiii w	# of claims with obligation			133
10tal ulipu liidelii – \$20,298.43		# of claims with obligation	Avg Unpd		\$ 197.73
			Avg Onpu	IIId —	\$ 197.73
C. Severity Rate					
Avg Unpd Ind. \$ 197.73	divide by av	g unpd indem 1999-2001 of	\$ 186.21	=	1.06188
11.8 01.Fu 11.01		8 m-1 m m	4		-110000
D. Factor for Failure to pay Undisputed	Accrued Inden	<u>nnity</u>			
Frequency rate 0.19549	X	Severity rate 1.06188	X	modifier of	
				=	0.41517
2. FACTOR FOR LATE FIRST PAYM					
# claims with late 1st TD	5	divide by # with TD paym		12	
# claims with late first SC notice	23	divide by # with salary co		96	_
Totals	28	divide by	Totals	108	=
					0.25926
3. FACTOR FOR LATE FIRST PAYM	ENT OF PERI	MANENT DISABILITY, VI	RMA, AND D	EATH BENI	EFITS
3. FACTOR FOR LATE FIRST PAYM # claims with late first PD	ENT OF PERM 17	MANENT DISABILITY, VI divide by # with first PD	RMA, AND D	EATH BENI 40	EFITS
		MANENT DISABILITY, VE divide by # with first PD divide by # with first VRM			EFITS
# claims with late first PD	17	divide by # with first PD	МА	40	EFITS
# claims with late first PD # claims with late first VRMA	17 0	divide by # with first PD divide by # with first VRM	МА	40 10	EFITS =
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0	divide by # with first PD divide by # with first VRM divide by # with first deat	ЛА h ben paid	40 10 0	_
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals	17 0 0 17	divide by # with first PD divide by # with first VRM divide by # with first deat divide by	ЛА h ben paid	40 10 0	
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals  4. FACTOR FOR LATE SUBSEQUEN	17 0 0 17 T INDEMNIT	divide by # with first PD divide by # with first VRN divide by # with first deat divide by  Y PAYMENTS	MA h ben paid Totals	40 10 0 50	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals	17 0 0 17	divide by # with first PD divide by # with first VRM divide by # with first deat divide by	MA h ben paid Totals	40 10 0	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals  4. FACTOR FOR LATE SUBSEQUEN	17 0 0 17 T INDEMNIT	divide by # with first PD divide by # with first VRN divide by # with first deat divide by  Y PAYMENTS	MA h ben paid Totals	40 10 0 50	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals  4. FACTOR FOR LATE SUBSEQUEN # claims with late subseq payments	17 0 0 17 TT INDEMNIT 13	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa	MA h ben paid Totals ayments	40 10 0 50	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals  4. FACTOR FOR LATE SUBSEQUEN # claims with late subseq payments  5. FACTOR FOR PROVISION OF AM	17 0 0 17 T INDEMNIT 13	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa	MA h ben paid Totals ayments	40 10 0 50	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0 17 T INDEMNIT 13 E/QME NOTI	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF POON	MA h ben paid Totals  ayments  OTENTIAL	40 10 0 50 45	= 0.34000 = 0.28889
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF POON  30 divide by	MA h ben paid Totals  ayments  OTENTIAL # requiring no	40 10 0 50 45	= 0.34000 = 0.28889
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 17 17 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF PO ON  30 divide by # divide by #	MA h ben paid Totals  ayments  OTENTIAL	40 10 0 50 45	= 0.34000 = 0.28889 102 19
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF POON  30 divide by	MA h ben paid Totals  ayments  OTENTIAL # requiring no	40 10 0 50 45	= 0.34000 = 0.28889
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 17 17 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF PO ON  30 divide by # divide by #	MA h ben paid Totals  ayments  OTENTIAL # requiring no	40 10 0 50 45	= 0.34000 = 0.28889 102 19 121
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 17 17 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF PO ON  30 divide by # divide by #	MA h ben paid Totals  ayments  OTENTIAL # requiring no	40 10 0 50 50 45	= 0.34000 = 0.28889 102 19
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF POON  30 divide by # 44  divide by #	MA h ben paid Totals  ayments  OTENTIAL # requiring no	40 10 0 50 50 45	= 0.34000 = 0.28889 102 19 121

**Audit No:** 

**Penalty Assessments and Collections** 

0

Files Audited: 135
Indemnity 133
Medical Only 0
Denied 0
Complaints 2

Additional

**Subject:** City of Los Angeles

**Location:** Los Angeles Type: SI

VNO-16-03-R2-6

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	INO
1	5	\$1,800	\$0	\$0	\$1,800		X
2 3	18	\$5,830	\$0	\$0	\$5,830		X
	0	\$0	\$0	\$0	\$0		X
4	22	\$3,585	\$525	\$0	\$3,060		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	23	\$1,120	\$1,120	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	14	\$5,000	\$5,000	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	30	\$11,600	\$11,600	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	11	\$4,800	\$0	\$0	\$4,800		X
18 b	6	\$1,950	\$0	\$0	\$1,950		X
18 c	1	\$750	\$0	\$0	\$750		X
18 d	23	\$2,000	\$0	\$0	\$2,000		X
18 e	1	\$100	\$0	\$0	\$100		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	154	\$38,535	\$18,245	\$0	\$20,290		

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due Page 1 of 2

Audit No: VNO-16-03-R2-6

**Subject:** City of Los Angeles

Location: Los Angeles Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$126.00						\$126.00
2	\$1,220.61	\$314.69		\$153.53			\$1,688.83
3				\$98.00			\$98.00
4	\$420.00						\$420.00
5	\$136.00					\$15.60	\$151.60
6	\$490.00	\$1,760.00		\$176.00			\$2,426.00
7				\$201.57			\$201.57
8				\$126.00			\$126.00
9				\$160.00			\$160.00
10				\$478.42			\$478.42
11				\$40.00			\$40.00
12			\$396.00				\$396.00
13	\$280.00						\$280.00
14				\$862.11			\$862.11
15	\$70.00						\$70.00
16	\$420.00			\$210.00			\$630.00
17		\$4,480.00		\$448.00			\$4,928.00
18	\$2,450.00			\$381.28			\$2,831.28
19	\$1,120.00			\$308.14			\$1,428.14
20	\$3,570.00						\$3,570.00
21		\$2,380.00		\$238.00			\$2,618.00
SUBTOTAL	\$10,302.61	\$8,934.69	\$396.00	\$3,881.05	\$0.00	\$15.60	\$23,529.95

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due Page 2 of 2

Audit No: VNO-16-03-R2-6

**Subject:** City of Los Angeles

Location: Los Angeles Type: SI

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed Increase	Death Benefits	Penalty interest, or other	Total
22				\$1,669.00			\$1,669.00
23				\$98.00			\$98.00
24	\$392.33			\$70.00			\$392.33
25	\$392.33			\$56.00			\$56.00
26		\$502.86		\$50.29			\$553.15
20		\$302.80		\$30.29			\$333.13

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: SAC-11-03-R1-6** 

**Subject:** City of Modesto

**Location: Modesto** 

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED ANI	D UNDISPUTED	INDEMNIT	ГҮ		1
A. Frequency Rate							<b>⊒</b>
# claims with unpd indem	2	divide by # cl	laims with payable	indem	47	=	0.04255
D. A A			d Obligation to Be	T., 1			
B. Average Amount of Unp	-	_					47
Total unpd indem. =	\$398.73	divide by	# of claims with	1 obligation			47 \$ 8.48
					Avg Unpd	ma –	\$ 0.40
C. Severity Rate							
Avg Unpd Indem	\$ 8.48	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	0.04556
D. Factor for Failure to pay				0.04556	37	1:0 0	2
Frequency rate	0.04255	X	Severity rate	0.04556	X	modifier of	0.00388
						_	0.00388
2. FACTOR FOR LATE FI	RST PAYME	NT OF TEMP	ORARY DISABI	LITY OR F	IRST NOTIO	CE	
# claims with late 1st TD		0	divide by # with			4	
# claims with late first SC n	otice	7	divide by # with	n salary con	tinuation	34	_
	Γotals	7	divide by		Totals	38	=
							0.18421
3. FACTOR FOR LATE FI	DST DAVME	NT OF PERM	IANENT DISARI	LITV VRM	IA AND DE	EATH RENE	FITS
# claims with late first PD	IKSTTATME	0	divide by # with		IA, AND DI	26	1115
# claims with late first VRM	1A	0	divide by # with		A	3	
# claims with late first DB		0	divide by # with			0	
-	Γotals	0	divide by	•	Totals	29	=
			•				0.00000
4. FACTOR FOR LATE SI				1		20	
# claims with late subsequer	nt payments	0	divide by # witl	1 subsequen	t payments	28	0.00000
							0.00000
5. FACTOR FOR PROVIS	ION OF AME	OME NOTIC	ES AND NOTICE	ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCA			N				
# claims with AME/QME no					requiring no		34
# claims with VR potential of	eligibility notic	ce violations	3	divide by #	requiring no	otices	6
		Totals	7			Totals	40
						=	0.17500
PROFILE AUDIT REVIE Profile Audit Review Perfo				g score.			0.36309

### **Penalty Assessments and Collections**

Files Audited: 47
Indemnity 47
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: SAC-11-03-R1-6** 

**Subject:** City of Modesto

Location: Modesto Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	INO
1	0	\$0	\$0	\$0	\$0		X
2	0	\$0	\$0	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	0	\$0	\$0	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	8	\$250	\$250	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	3	\$700	\$700	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	3	\$1,100	\$1,100	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	2	\$200	\$200	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	0	\$0	\$0	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	16	\$2,250	\$2,250	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: SAC-11-03-R1-6** 

**Subject:** City of Modesto

Location: Modesto Type: SI

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed Increase	Death Benefits	Penalty Interest or Other	Total
1	\$208.00	\$0.00	\$0.00	\$20.80	\$0.00	\$0.00	\$228.80
2	\$164.45	\$0.00	\$0.00	\$5.48	\$0.00	\$0.00	\$169.93
TOTAL	\$372.45	\$0.00	\$0.00	\$26.28	\$0.00	\$0.00	\$398.73

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: OAK-03-03-R1-6

Subject: City of Richmond Risk Management

Location: Richmond

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED ANI	O UNDISPUTED	INDEMNI	ГҮ		1
A. Frequency Rate							•
# claims with unpd indem	1	divide by # cl	aims with payable	indem	51	=	0.01961
B. Average Amount of Unp	aid Indomnits	, per Claim wit	h Obligation to Pa	v Indomnit	<b>T</b> 7		
-	\$ 56.00	divide by	# of claims with				51
Total unpu muem. –	\$ 50.00	divide by	# 01 Claims with	i oonganon	Avg Unpd		\$ 1.10
					my chpu	ma	φ 1.10
C. Severity Rate							
	\$ 1.10	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	0.00590
<i>U</i> 1		J	C 1				
D. Factor for Failure to pay	Undisputed A	accrued Indemi	<u>nity</u>				
Frequency rate	0.01961	X	Severity rate	0.00590	X	modifier of	2
						=	0.00023
2. FACTOR FOR LATE FI	RST PAYME						
# claims with late 1st TD		1	divide by # with			2	
# claims with late first SC no		17	divide by # with	n salary con		48	_
1	Totals	18	divide by		Totals	50	=
							0.36000
3. FACTOR FOR LATE FI	DCT DAVME	NT OF DEDM	ANENT DISABI	ITV VDI	A AND DE	ATH DENE	FITC
# claims with late first PD	KSTTATME	0	divide by # with		IA, AND DE	11	1113
# claims with late first VRM	Α	0	divide by # with		Α	0	
# claims with late first DB		0	divide by # with			0	
	otals	0	divide by	p	Totals	11	=
			· · · · · · · · · · · · · · · · · ·				0.00000
4. FACTOR FOR LATE SU	JBSEQUENT	INDEMNITY	PAYMENTS				
# claims with late subsequen	nt payments	3	divide by # with	n subsequen	t payments	9	=
							0.33333
5. FACTOR FOR PROVISI				ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCA							
# claims with AME/QME no					requiring no		38
# claims with VR potential e	eligibility notic		0	divide by #	requiring no		3
		Totals	I			Totals	41
						=	0.02439
BB 0 BW B 1 VIB VIB F							
PROFILE AUDIT REVIE							0.71795

### **Penalty Assessments and Collections**

Files Audited: 51
Indemnity 51
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: OAK-03-03-R1-6** 

Subject: City of Richmond Risk Management

Location: Richmond Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item#	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	2	\$75	\$75	\$0	\$0		X
2	0	\$0	\$0	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	3	\$235	\$235	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	19	\$945	\$945	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	0	\$0	\$0	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	1	\$100	\$100	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	1	\$100	\$100	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	26	\$1,455	\$1,455	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: OAK-03-03-R1-6** 

**Subject:** City of Richmond Risk Management

Location: Richmond Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability	V IXIVIA	imposed	Benefits	Interest	10141
rumoer	Disability	Disability		Increase	Delicities	or Other	
						or other	
1				\$56.00			\$56.00
TOTAL	\$0.00	\$0.00	\$0.00	\$56.00	\$0.00	\$0.00	\$56.00

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: OAK-02-03-R1-6

**Subject:** Contra Costa County Schools Insurance Group

**Location: Pleasant Hill** 

1. FACTOR FOR FAILU	RE T	O PAY AC	CCRUED ANI	O UNDISPUTED	INDEMNIT	ГΥ		
A. Frequency Rate # claims with unpd indem		8	divide by # cl	aims with payable	e indem	56	=	0.14286
· ·			-					
B. Average Amount of Un	_							
Total unpd indem. =	\$	7,952.98	divide by	# of claims with	h obligation			56
						Avg Unpd	Ind =	\$ 142.02
C. Severity Rate	Ф	1.42.02	1: :1 1	1: 1 100	20.2001 C	ф. 10 <i>(</i> <b>2</b> 1		0.76267
Avg Unpd Indem	\$	142.02	divide by av	g unpd indem 199	99-2001 01	\$ 186.21	=	0.76267
D. Factor for Failure to pa	ıy Ur	ndisputed A	ccrued Indemi	<u>nity</u>				
Frequency rate		0.14286	X	Severity rate	0.76267	X	modifier of	2
							=	0.21791
2. FACTOR FOR LATE	FIRS	T PAYME						
# claims with late 1st TD			1	divide by # with			8	
# claims with late first SC			14	divide by # with	h salary con		43	_
	Tota	als	15	divide by		Totals	51	=
								0.29412
3. FACTOR FOR LATE	FIRS	T DAVME	NT OF PERM	ANENT DISABI	LITV VRM	IA AND DE	ATH RENE	FITS
# claims with late first PD	III	1 17X 1 WIL	6	divide by # with		171, 71110 DI	20	1115
# claims with late first VR	MA		0	divide by # with		A	1	
# claims with late first DB			0	divide by # with			0	
	Tota	als	6	divide by	P	Totals	21	_ =
								0.28571
4. FACTOR FOR LATE	SUB	SEQUENT	INDEMNITY					
# claims with late subsequ	ent p	ayments	0	divide by # with	h subsequen	t payments	18	=
								0.00000
<u> </u>								
5. FACTOR FOR PROVI					ES OF POT	ENTIAL		
ELIGIBILITY FOR VOC					1: :1 1 //		,-	2.4
# claims with AME/QME				0		requiring no		34
# claims with VR potentia	lelig	ibility notic		2	divide by #	requiring no		4
			Totals	2			Totals	38
							=	0.05263
PROFILE AUDIT REVI	EW	PERFORM	MANCE RAT	ING				0.85037
Profile Audit Review Per	forn	nance Ratii	ng of 2.10 or g	greater is a failin	g score.			

#### **Penalty Assessments and Collections**

Files Audited: 56
Indemnity 56
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: OAK-02-03-R1-6** 

**Subject:** Contra Costa County Schools

**Insurance Group** 

Location: Pleasant Hill Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	110
1	1	\$50	\$50	\$0	\$0		X
2	6	\$1,305	\$1,305	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	2	\$150	\$150	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	15	\$610	\$610	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	2	\$500	\$500	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	0	\$0	\$0	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	2	\$400	\$400	\$0	\$0		X
18 b	1	\$1,000	\$1,000	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	7	\$625	\$625	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	36	\$4,640	\$4,640	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: OAK-02-03-R1-6** 

**Subject:** Contra Costa County Schools Insurance Group

Location: Pleasant Hill, CA Type: Ins

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed	Death Benefits	Penalty Interest	Total
				Increase		or Other	
1				\$96.00			\$96.00
2				\$124.00			\$124.00
3				\$557.71			\$557.71
4	\$107.73						\$107.73
5	\$575.01			\$27.45			\$602.46
6		\$5,485.51		\$548.57			\$6,034.08
7				\$298.00			\$298.00
8				\$133.00			\$133.00
TOTAL	\$682.74	\$5,485.51	\$0.00	\$1,784.73	\$0.00	\$0.00	\$7,952.98

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: LAO-17-03-T1-6** 

**Subject:** County of Riverside

**Location: Riverside** 

1. FACTOR FOR FAILUI	RE TO PAY A	CCRUED ANI	D UNDISPUTED	INDEMNI	ГΥ		1
A. Frequency Rate							•
# claims with unpd indem	3	divide by # cl	laims with payable	e indem	55	=	0.05455
D 4 CIT		GI :	1 011 B	T 1			
B. Average Amount of Un							5.5
Total unpd indem. =	\$578.90	divide by	# of claims with	n obligation	Avg Unpd		55 \$ 10.53
					Avg Onpu	ma –	\$ 10.33
C. Severity Rate							
Avg Unpd Indem	\$ 10.53	divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.05652
iiig onpa maem	Ψ 10.02	urriue of ur	g unpu muum 199	2001 01	ψ 100. <b>2</b> 1		0.00002
D. Factor for Failure to pa	y Undisputed A	Accrued Indem	<u>nity</u>				
Frequency rate	0.05455	X	Severity rate	0.05652	X	modifier of	2
						=	0.00617
2. FACTOR FOR LATE F	FIRST PAYME						
# claims with late 1st TD		0	divide by # witl			16	
# claims with late first SC		24	divide by # witl	h salary con		47	_
	Totals	24	divide by		Totals	63	=
							0.38095
3. FACTOR FOR LATE F	SIDST DAVME	NIT OF DEDM	ANENT DISABI	LITV VDN	IA AND DI	EATH DENE	EITC
# claims with late first PD	IKSTTATME	5	divide by # witl		ia, and di	19	.113
# claims with late first VRI	MΑ	0	divide by # with		A	4	
# claims with late first DB	· · · · ·	0	divide by # with			2	
	Totals	5	divide by	P	Totals	25	_ =
							0.20000
4. FACTOR FOR LATE S		INDEMNITY					
# claims with late subseque		^					
# claims with rate subseque	ent payments	0	divide by # witl	h subsequen	t payments	31	=
# ciainis with fate subseque	ent payments	0	divide by # with	h subsequen	t payments	31	0.00000
		Ť	•	•		31	
5. FACTOR FOR PROVIS	SION OF AME	E/QME NOTIC	EES AND NOTICE	•		31	
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA	SION OF AME	E/QME NOTIC	EES AND NOTICE	ES OF POT	ENTIAL		0.00000
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIC s	EES AND NOTICE ON 7	ES OF POT	ENTIAL requiring no	otices	38
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIO s ce violations	CES AND NOTICE ON 7 2	ES OF POT	ENTIAL	otices otices	38 7
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIC s	EES AND NOTICE ON 7	ES OF POT	ENTIAL requiring no	otices	38
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIO s ce violations	CES AND NOTICE ON 7 2	ES OF POT	ENTIAL requiring no	otices otices	38 7 45
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIO s ce violations	CES AND NOTICE ON 7 2	ES OF POT	ENTIAL requiring no	otices otices Totals	38 7
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP notice violation eligibility notice	E/QME NOTIC HABILITATIONS IS Ce violations Totals	TES AND NOTICE  7  2  9	ES OF POT	ENTIAL requiring no	otices otices Totals	38 7 45

### **Penalty Assessments and Collections**

Files Audited: 55
Indemnity 55
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No:** LAO-17-03-T1-6

**Subject:** County of Riverside

Location: Riverside Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	0	\$0	\$0	\$0	\$0		X
2	5	\$1,145	\$1,145	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	0	\$0	\$0	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	24	\$830	\$830	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	2	\$600	\$600	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	7	\$1,940	\$1,940	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	3	\$300	\$300	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	41	\$4,815	\$4,815	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: LAO-17-03-T1-6** 

**Subject:** County of Riverside

Location: Riverside Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$178.50			\$178.50
2				\$266.00			\$266.00
3				\$134.40			\$134.40
TOTAL	\$0.00	\$0.00	\$0.00	\$578.90	\$0.00	\$0.00	\$578.90

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: LAO-16-03-R1-6

**Subject:** County of San Diego

**Location: San Diego** 

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED ANI	O UNDISPUTED	INDEMNI	ГΥ		7
A. Frequency Rate							-4
# claims with unpd indem	11	divide by # cl	aims with payable	e indem	57	=	0.19298
D. A. A. CII	.17 1 2	CI : :	1 O11: .:	T 1 %			
B. Average Amount of Unp	\$ 7,199.50		th Obligation to Pa # of claims with	•			57
Total unpd indem. =	\$ 7,199.30	divide by	# Of Claims with	i obligation	Avg Unpd		\$ 126.31
					Avg Onpu	mu –	\$ 120.51
C. Severity Rate							
· · · · · · · · · · · · · · · · · · ·	\$ 126.31	divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.67830
		,					
D. Factor for Failure to pay	Undisputed A	Accrued Indem	<u>nity</u>				
Frequency rate	0.19298	3 X	Severity rate	0.67830	X	modifier of	
						=	0.26180
2 FACTOR FOR LATE F	IDCT DAVAGE	ENTE OF TENE	OD ADV DICADI	LITYODE	IDOT MOTI	OE.	
2. FACTOR FOR LATE F. # claims with late 1st TD	IRST PAYME	3	divide by # witl			<u>CE</u> 8	
# claims with late first SC n	otica	3 7	divide by # with			30	
	Totals	10	divide by # with	i Salary Con	Totals	38	<del>-</del> =
	Totals	10	divide by		Totals	30	0.26316
							0.20310
3. FACTOR FOR LATE F	IRST PAYMI	ENT OF PERM	ANENT DISABI	LITY, VRN	IA, AND DI	EATH BENE	FITS
# claims with late first PD		4	divide by # witl	h first PD		37	
# claims with late first VRM	1A	1	divide by # witl	h first VRM		5	
# claims with late first DB		0	divide by # witl	h first DB p	aid	0	_
,	Totals	5	divide by		Totals	42	=
							0.11905
A FACTOR FOR LATE OF	I IDGE OF IED IS	E D IDEN O HEET	A DALLA CENTEG				
4. FACTOR FOR LATE ST # claims with late subsequent		FINDEMNITY 6	divide by # witl		4 4	34	=
# claims with late subseque	nt payments	0	divide by # with	n subsequen	ı payments	34	0.17647
							0.17047
5. FACTOR FOR PROVIS	ION OF AMI	E/OME NOTIC	ES AND NOTIC	ES OF POT	ENTIAL		1
ELIGIBILITY FOR VOCA		-		20 01 101	LIVILLE		
# claims with AME/QME n				divide by #	requiring no	otices	50
# claims with VR potential					requiring no		10
•		Totals	8	-		Totals	60
						=	0.13333
PROFILE AUDIT REVIE						=	0.13333 <b>0.95381</b>

#### **Penalty Assessments and Collections**

Files Audited: 58
Indemnity 57
Medical Only 0
Denied 0
Complaints 1
Additional 0

**Audit No:** LAO-16-03-R1-6

**Subject:** County of San Diego

Location: San Diego Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	110
1	3	\$175	\$175	\$0	\$0		X
2 3	4	\$1,540	\$1,540	\$0	\$0		X
	1	\$100	\$100	\$0	\$0		X
4	7	\$430	\$430	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	7	\$390	\$390	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	7	\$2,600	\$2,600	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	1	\$400	\$400	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	4	\$1,500	\$1,500	\$0	\$0		X
18 b	2	\$600	\$600	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	7	\$600	\$600	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	43	\$8,335	\$8,335	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: LAO-16-03-R1-6** 

**Subject:** County of San Diego

Location: San Diego Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$139.17			\$13.92			\$153.09
2	\$420.00						\$420.00
3				\$91.43			\$91.43
4				\$101.55			\$101.55
5	\$324.19			\$123.19			\$447.38
6				\$62.00			\$62.00
7	\$3,610.48						\$3,610.48
8				\$40.00			\$40.00
9		\$438.57		\$43.86			\$482.43
10		\$1,602.85		\$160.29			\$1,763.14
11				\$28.00			\$28.00
TOTAL	\$4,493.84	\$2,041.42	\$0.00	\$664.24	\$0.00	\$0.00	\$7,199.50

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: SFO-13-03-R1-1

**Subject:** Crum and Forster Insurance

Location: Plano, TX

1. FACTOR FOR FAILU	RE T	O PAY AC	CCRUED AN	D UNDISPUTED	INDEMNI	ГҮ		
A. Frequency Rate		_						0.40500
# claims with unpd indem		7	divide by # c	laims with payable	e indem	56	=	0.12500
B. Average Amount of Ur	npaid	Indemnity	per Claim wi	th Obligation to Pa	ay Indemnit	V		
Total unpd indem. =	\$	6,338.38	divide by	# of claims witl			n.	56
						Avg Unpd	Ind =	\$ 113.19
C. Severity Rate								
Avg Unpd Indem	\$	113.19	divide by av	vg unpd indem 199	99-2001 of	\$ 186.21	=	0.60784
	•			. 8 p		*		
D. Factor for Failure to pa	ıy Un							
Frequency rate		0.12500	X	Severity rate	0.60784	X	modifier of	2
							_	0.15196
2. FACTOR FOR LATE I	FIRS	T PAYME	NT OF TEMP	PORARY DISABI	LITY OR F	IRST NOTIO	CE	
# claims with late 1st TD			23	divide by # with			54	
# claims with late first SC	notic	e	0	divide by # with	h salary con	tinuation	0	
	Tota	ıls	23	divide by		Totals	54	=
								0.42593
3. FACTOR FOR LATE I	FIRS	ΤΡΔΥΜΕ	NT OF PERM	ANENT DISARI	LITV VRM	IA AND DE	EATH RENEE	PTI
# claims with late first PD	III	1 171 IVIL	3	divide by # with		171, 71110 01	12	115
# claims with late first VR	MA		0	divide by # with		A	4	
# claims with late first DB			0	divide by # with			0	
	Tota	ıls	3	divide by	•	Totals	16	=
								0.18750
4 EACTOR FOR LATE	CLID	CEOLIENT	DIDEMNITS	Z DASZMENITO				
4. FACTOR FOR LATE S			INDEMNIT :	divide by # with	h subsequen	t navments	37	=
# claims with face subsequ	ciit p	ayments	10	divide by # with	ii suosequen	it payments	31	0.27027
								**=**=*
5. FACTOR FOR PROVI	SION	OF AME	QME NOTIO	CES AND NOTIC	ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCA								
# claims with AME/QME				5		requiring no		20
# claims with VR potential	lelig	ibility notic		8	divide by #	requiring no		12
			Totals	13			Totals	32
							=	0.40625
PROFILE AUDIT REVI	FW.	DEDEOD	MANCE DAT	FINC				1.44191
Profile Audit Review Per					ng score.			1,44171

**Penalty Assessments and Collections** 

Files Audited: 56
Indemnity 56
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: SFO-13-03-R1-1** 

**Subject:** Crum and Forster Insurance

Location: Plano, TX Type: INS

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	res	NO
1	25	\$2,985	\$2,985	\$0	\$0		X
2	3	\$1,220	\$1,220	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	14	\$1,645	\$1,645	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	8	\$2,300	\$2,300	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	5	\$1,900	\$1,900	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	3	\$1,300	\$1,300	\$0	\$0		X
18 b	1	\$400	\$400	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	3	\$250	\$250	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	1	\$500	\$500	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	63	\$12,500	\$12,500	\$0	\$0		

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due

**Audit No: SFO-13-03-R1-1** 

**Subject:** Crum and Forster Insurance

Location: Plano, TX Type: Ins

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$68.32						\$68.32
2				\$75.08			\$75.08
3	\$61.19						\$61.19
4				\$196.00			\$196.00
5		\$2,148.57		\$214.86			\$2,363.43
6						\$428.49	\$428.49
7	\$2,859.88			\$285.99			\$3,145.87
TOTAL	£2 000 20	£2 149 57	\$0.00	6771 02	£0.00	£420 40	66 220 20
TOTAL	\$2,989.39	\$2,148.57	\$0.00	\$771.93	\$0.00	\$428.49	\$6,338.38

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: SAC-04-03-R2-5

**Subject: Cunningham Lindsey Claims Management** 

**Location: Rancho Cordova** 

1. FACTOR FOR FAILUI	RE TO PAY A	CCRUED ANI	O UNDISPUTED	INDEMNI	ГҮ		1
A. Frequency Rate							•
# claims with unpd indem	14	divide by # cl	aims with payable	indem	49	=	0.28571
B. Average Amount of Un			-	•			40
Total unpd indem. =	\$ 15,583.25	divide by	# of claims with	i obligation	1 2		49 \$ 318.03
					Avg Unpd	ina –	\$ 318.03
C. Severity Rate							
Avg Unpd Indem	\$ 318.03	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	1.70789
8p	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8 to		4		
D. Factor for Failure to pa	y Undisputed A	Accrued Indem	<u>nity</u>				
Frequency rate	0.28571	l X	Severity rate	1.70789	X	modifier of	2
						=	0.97594
2. FACTOR FOR LATE F	FIRST PAYMI						
# claims with late 1st TD		21	divide by # with			45	
# claims with late first SC		<u>0</u> 21	divide by # with divide by	i salary con		<u>0</u> 45	<u> </u>
	Totals	21	divide by		Totals	43	0.46667
							0.40007
3. FACTOR FOR LATE F	FIRST PAYME	ENT OF PERM	ANENT DISABI	LITY. VRM	IA. AND DI	EATH BENE	FITS
# claims with late first PD		4	divide by # with		,	11	
# claims with late first VRI	MA	0	divide by # with		ÍΑ	1	
# claims with late first DB		0	divide by # with	n first DB p	aid	0	
	Totals	4	divide by		Totals	12	
							0.33333
4. FACTOR FOR LATE S							
# claims with late subseque	ent payments	10	divide by # with	ı subsequen	it payments	29	=
							0.34483
5. FACTOR FOR PROVIS	CION OF AMI	E/OME NOTIC	EC AND MOTICI	EC OF DOT	ENITIAI		
ELIGIBILITY FOR VOCA				ES OF POT	ENTIAL		
# claims with AME/QME i				divide by #	requiring no	ntices	39
# claims with VR potential					requiring no		6
" ciamis with the potential	engionity not	Totals	16	arvide oy "	requiring ne	Totals	45
						=	0.35556
PROFILE AUDIT REVI		MANOR DAT	TATO				0.45(00
Profile Audit Review Per							2.47632

## Full Compliance Audit Performance Rating of Randomly Selected Claims

**Audit No: SAC-04-03-R2-5** 

Calendar Year: 2003

Subject: Cunningham Lindsey Claims Management

**Location: Rancho Cordova** 

1. FACTOR FOR FAILUI	RE TO PAY A	CCRUED AN	D UNDISPUTED	) INDEMN	ITY		1
A. Frequency Rate							
# claims with unpd indem	27	divide by # cla	aims with payable	indem	91	=	0.29670
		· · ·					
B. Average Amount of Un							0.4
Total unpd indem =	\$ 23,704.83	divide by	# of claims with	i obligation			91
					Avg Unpd	Ina =	\$ 260.49
C. Severity Rate							
	\$ 260.49	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	1.39892
rivg onpu mu.	200.19	divide by av	g unpu muem 199	2001 01	ψ 100.21		1.57072
D. Factor for Failure to pa	y Undisputed	Accrued Indem	<u>nnity</u>				
Frequency rate	0.29670	X	Severity rate	1.39892	X	modifier of	
						=	0.83013
2. FACTOR FOR LATE F	TRST PAYMI						
# claims with late 1st TD		36	divide by # with			83	
# claims with late first SC i	notice Fotals	36	_ divide by # with	1 salary con	Totals	83	<b>-</b> _
]	otais	30	divide by		Totals	83	0.43373
							0.43373
3. FACTOR FOR LATE F	FIRST PAYMI	ENT OF PERM	MANENT DISAB	ILITY. VR	MA. AND D	EATH BENI	EFITS
# claims with late first PD	-	9			, .		
" Ciuinis With late Hist I D		9	divide by # with	i first PD		23	
# claims with late first VR!	MA	1	divide by # with divide by # with		A	5	
				n first VRM			
# claims with late first VR! # claims/late first death ber		1	divide by # with	n first VRM		5	
# claims with late first VR! # claims/late first death ber	nefits	1	divide by # with divide by # with	n first VRM	ben paid	5	= 0.35714
# claims with late first VR! # claims/late first death ber	nefits Fotals	1 0 10	divide by # with divide by # with divide by	n first VRM	ben paid	5	= 0.35714
# claims with late first VR! # claims/late first death ber  1  4. FACTOR FOR LATE S	nefits Fotals SUBSEQUEN	1 0 10	divide by # with divide by # with divide by  Y PAYMENTS	n first VRM n first death	ben paid Totals	5 0 28	
# claims with late first VR! # claims/late first death ber	nefits Fotals SUBSEQUEN	1 0 10	divide by # with divide by # with divide by	n first VRM n first death	ben paid Totals	5	=
# claims with late first VR! # claims/late first death ber  1  4. FACTOR FOR LATE S	nefits Fotals SUBSEQUEN	1 0 10	divide by # with divide by # with divide by  Y PAYMENTS	n first VRM n first death	ben paid Totals	5 0 28	
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p	nefits Fotals SUBSEQUEN' ayments	1 0 10 10 F INDEMNITY 22	divide by # with divide by # with divide by  Y PAYMENTS divide by # with	n first VRM n first death	ben paid Totals	5 0 28	=
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p	nefits Fotals SUBSEQUENT ayments SION OF AM	1 0 10 10 T INDEMNITY 22 E/QME NOTIO	divide by # with divide by # with divide by  Y PAYMENTS divide by # with	n first VRM n first death	ben paid Totals	5 0 28	=
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA	nefits Fotals SUBSEQUENT ayments SION OF AMATIONAL RE	1 0 10 10 F INDEMNITY 22 E/QME NOTICE HABILITATION	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION	n first VRM n first death n subseq pay	ben paid Totals  yments  TENTIAL	5 0 28	= 0.43137
# claims with late first VR! # claims/late first death ber  1.  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1	SUBSEQUENT ayments SION OF AMI	1 0 10 10 T INDEMNITY 22 E/QME NOTION HABILITATIONS	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL  requiring no	5 0 28 51	=
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA	SUBSEQUENT ayments SION OF AMI	1 0 10 10 T INDEMNITY 22 E/QME NOTION HABILITATIONS	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL	5 0 28 51	= 0.43137 67
# claims with late first VR! # claims/late first death ber  1.  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1	SUBSEQUENT ayments SION OF AMI	1 0 10 10 10 E/QME NOTIONS ce violations	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18 6	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL  requiring no	5 0 28 51	= 0.43137 67 12
# claims with late first VR! # claims/late first death ber  1.  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1	SUBSEQUENT ayments SION OF AMI	1 0 10 10 10 E/QME NOTIONS ce violations	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18 6	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL  requiring no	5 0 28 51	= 0.43137 67 12
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1 # claims with VR potential	SUBSEQUENT ayments SION OF AMI ATIONAL RE notice violation eligibilty noti	1 0 10 10 10 E/QME NOTIONS Ce violations Totals	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18 6 24	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL  requiring no	5 0 28 51 tices tices Totals	= 0.43137 67 12 79 0.30380
# claims with late first VR! # claims/late first death ber  1.  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1	SUBSEQUENT ayments  SION OF AMILIATIONAL REPORTED NOTE AND A CONTROL OF A CONTROL O	1 0 10 10 10 E/QME NOTION TOTALS  DRMANCE R	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTICE  18 6 24  ATING	n first VRM n first death n subseq pay CES OF PO' divide by # divide by #	ben paid Totals  yments  TENTIAL  requiring no requiring no	5 0 28 51 stices tices Totals =	= 0.43137 67 12 79

### **Penalty Assessments and Collections**

Files Audited: 91
Indemnity 91
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No:** SAC-04-03-R2-5

**Subject:** Cunningham Lindsey Claims Management

Location: Rancho Cordova Type: TPA

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Vos	No
	Cited	Assessed	Waived	Collected	Due	Yes	No
1	44	\$3,090	\$0	\$3,090	\$0		X
2	8	\$1,635	\$0	\$1,635	\$0		X
3	1	\$50	\$0	\$50	\$0		X
4	46	\$3,185	\$2,075	\$0	\$1,110		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	6	\$1,900	\$1,900	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	18	\$6,800	\$6,800	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	15	\$2,650	\$0	\$2,650	\$0		X
18 b	8	\$3,400	\$0	\$3,400	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	40	\$2,700	\$0	\$2,700	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	186	\$25,410	\$10,775	\$13,525	\$1,110		

Administrative penalties waived pursuant to Labor Code Section 129.5(c)(1).

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due Page 1 of 2

**Audit No: SAC-04-03-R2-5** 

**Subject: Cunningham Lindsey Claims Management** 

Location: Rancho Cordova Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$492.40			\$112.76			\$605.16
2				\$32.00			\$32.00
3		\$6,240.00		\$656.00			\$6,896.00
4				\$522.70			\$522.70
5		\$660.00					\$660.00
6		\$38.50		\$3.85			\$42.35
7				\$83.20			\$83.20
8		\$120.00					\$120.00
9	\$1,680.00			\$693.00			\$2,373.00
10				\$280.00			\$280.00
11	\$36.20						\$36.20
12	\$264.97						\$264.97
13		\$840.00					\$840.00
14	\$190.44						\$190.44
15	\$210.00						\$210.00
16				\$375.16			\$375.16
17	\$257.01			\$20.09			\$277.10
18	\$70.00						\$70.00
19	\$80.91						\$80.91
20	\$144.00			\$217.40			\$361.40
21		\$6,008.00					\$6,008.00
SUBTOTAL	\$3,425.93	\$13,906.50	\$0.00	\$2,996.16	\$0.00	\$0.00	\$20,328.59

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due Page 2 of 2

Audit No: SAC-04-03-R2-5

Subject: Cunningham Lindsey Claims Management

Location: Rancho Cordova Type: TPA

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed Increase	Death Benefits	Penalty interest, or other	Total
				increase		or other	
22	\$210.00						\$210.00
23	\$62.74						\$62.74
24				\$112.00			\$112.00
25	\$210.00			\$627.69			\$837.69
26	\$280.00			\$42.00			\$322.00
27		\$1,460.00		\$371.81			\$1,831.81

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: SFO-04-03-R1-1

**Subject: Federated Mutual Insurance** 

Location: Phoenix, AZ

1. The fold of this	RE TO PAY A	CCRUED ANI	O UNDISPUTED	INDEMNIT	ГΥ		1
A. Frequency Rate							_
# claims with unpd indem	0	divide by # cl	aims with payable	e indem	3	=	0.00000
D 4 CIT		ou : ·	1.011				
B. Average Amount of Ur			_				2
Total unpd indem. =	\$ -	divide by	# of claims with	n obligation	Avg Unpd		3 \$ -
					Avg Onpu	mu –	Ф -
C. Severity Rate							
Avg Unpd Indem	\$ -	divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.00000
D. Factor for Failure to pa							
Frequency rate	0.00000	) X	Severity rate	0.00000	X	modifier of	2
						=	0.00000
2. FACTOR FOR LATE I	CIDCT DAVMI	ENT OF TEMP	OD A DV DICADI	TITV OD E	IDCT NOTE	CE	
# claims with late 1st TD	FIRST PATME	2	divide by # wit			3	
# claims with late first SC	notice	0	divide by # wit			0	
" Claims with late first SC	Totals	2	divide by	ir saidry con	Totals	3	=
			<i>a</i>			-	0.66667
3. FACTOR FOR LATE I	FIRST PAYME	ENT OF PERM			IA, AND DI	EATH BENE	FITS
# claims with late first PD		0	divide by # wit			0	
# claims with late first VR		0	divide by # wit			0	
# claims with late first DB	Totals	0	divide by # wit	h first DB pa		0	-
	Lotais	U	divide by		Totals	0	=
	Totals						0.00000
	Totals		,				0.00000
4 FACTOR FOR LATE S		Γ INDEMNITY					0.00000
4. FACTOR FOR LATE S # claims with late subseque	SUBSEQUENT	Γ INDEMNITY 0	PAYMENTS	h subsequen	t payments	1	0.00000
4. FACTOR FOR LATE S # claims with late subseque	SUBSEQUENT			h subsequen	t payments	1	
# claims with late subseque	SUBSEQUENT ent payments	0	PAYMENTS divide by # wit	•		1	=
# claims with late subseque  5. FACTOR FOR PROVI	SUBSEQUENT ent payments  SION OF AME	0 E/QME NOTIC	PAYMENTS divide by # wit	•		1	=
# claims with late subseque 5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA	SUBSEQUENT ent payments SION OF AME ATIONAL REF	0 E/QME NOTIC HABILITATIO	PAYMENTS divide by # wit  ES AND NOTIC	ES OF POT	ENTIAL		= 0.00000
# claims with late subseque  5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA # claims with AME/QME	SUBSEQUENT ent payments  SION OF AME ATIONAL REPROSE	0 E/QME NOTIC HABILITATIO	PAYMENTS divide by # wit	ES OF POT	ENTIAL requiring no	otices	=
# claims with late subseque 5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA	SUBSEQUENT ent payments  SION OF AME ATIONAL REPROSE	0 E/QME NOTIC HABILITATIO ns ice violations	PAYMENTS divide by # wit  ES AND NOTIC	ES OF POT	ENTIAL	otices otices	= 0.00000 1 1
# claims with late subseque  5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA # claims with AME/QME	SUBSEQUENT ent payments  SION OF AME ATIONAL REPROSE	0 E/QME NOTIC HABILITATIO	PAYMENTS divide by # wit  ES AND NOTIC	ES OF POT	ENTIAL requiring no	otices	= 0.00000
# claims with late subseque  5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA # claims with AME/QME	SUBSEQUENT ent payments  SION OF AME ATIONAL REPROSE	0 E/QME NOTIC HABILITATIO ns ice violations	PAYMENTS divide by # wit  ES AND NOTIC	ES OF POT	ENTIAL requiring no	otices otices	= 0.00000 1 1
# claims with late subseque  5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA # claims with AME/QME	SUBSEQUENT ent payments  SION OF AME ATIONAL REF notice violation I eligibility noti	0 E/QME NOTIC HABILITATIO ns ice violations Totals	PAYMENTS divide by # wit  ES AND NOTIC  N  0  1	ES OF POT	ENTIAL requiring no	otices otices	= 0.00000 1 1 2

## **Penalty Assessments and Collections**

Files Audited: 3
Indemnity 3
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: SFO-04-03-R1-1** 

**Subject:** Federated Mutual Insurance

Location: Phoenix, AZ Type: INS

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	110
1	2	\$75	\$75	\$0	\$0		X
2	0	\$0	\$0	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	0	\$0	\$0	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	1	\$500	\$500	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	0	\$0	\$0	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	0	\$0	\$0	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	3	\$575	\$575	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: SFO-04-03-R1-1** 

**Subject:** Federated Mutual Insurance

Location: Phoenix, AZ Type: INS

# No Undisputed Compensation Was Found Unpaid

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: SAC-03-03-R1-5** 

**Subject:** Frank Gates Service Company

**Location: El Dorado Hills** 

1. FACTOR FOR FAILURE	TO PAY A	CCRUED AN	D UNDISPUTED	INDEMNI	ГҮ		7
A. Frequency Rate							₫
# claims with unpd indem	17	divide by # c	laims with payable	e indem	41	=	0.41463
B. Average Amount of Unpa		_					
Total unpd indem. = \$	3,594.78	divide by	# of claims with	n obligation	1 2		41
					Avg Unpd	Ind =	\$ 87.68
C. Severity Rate	07.60	1: :1 1	1: 1 100	00 <b>2</b> 001 C	ф. 10 <b>6.2</b> 1		0.47005
Avg Unpd Indem \$	87.68	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	0.47085
D. Factor for Failure to pay U	Jndisputed A	Accrued Indem	nitv				
Frequency rate	0.41463		Severity rate	0.47085	X	modifier of	2
			Ž			=	0.39046
2. FACTOR FOR LATE FIR	ST PAYME	ENT OF TEMP					
# claims with late 1st TD		15	divide by # with			36	
# claims with late first SC not	ice	0	divide by # with	n salary con		0	_
To	otals	15	divide by		Totals	36	=
							0.41667
3. FACTOR FOR LATE FIR	ST PAVME	NT OF PERM	IANENT DISARI	LITV VRN	IA AND DE	EATH BENE	FITS
# claims with late first PD	ST 1711VII	3	divide by # with		111, 11110 01	10	1115
# claims with late first VRMA		0	divide by # with		A	2	
# claims with late first DB	-	0	divide by # with			0	
To	otals	3	divide by	- · · · · · · · · · · · · · · · · · · ·	Totals	12	=
			J				0.25000
4. FACTOR FOR LATE SUI		`INDEMNITY					
# claims with late subsequent	payments	16	divide by # with	h subsequen	t payments	25	=
							0.64000
5. FACTOR FOR PROVISIO				ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCATI				1: :1.1. //		45	22
# claims with AME/QME not					requiring no		23
# claims with VR potential eli	gibility noti	Totals	11	aiviae by #	requiring no		<u>6</u> 29
		Totals	11			Totals	29
						=	0.37931
PROFILE AUDIT REVIEW	A DEBEUD.	MANCE DAT	TING				2.07644
Profile Audit Review Perfor				g score.			2.0/044

## **Penalty Assessments and Collections**

Files Audited: 41
Indemnity 41
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: SAC-03-03-R1-5** 

**Subject:** Frank Gates Service Company

**Location:** El Dorado Hills Type: TPA

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	15	\$2,685	\$2,685	\$0	\$0		X
2	3	\$1,020	\$1,020	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	54	\$4,080	\$4,080	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	3	\$1,200	\$1,200	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	8	\$2,900	\$2,900	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	9	\$1,200	\$1,200	\$0	\$0		X
18 b	1	\$400	\$400	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	22	\$1,575	\$1,575	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	115	\$15,060	\$15,060	\$0	\$0		

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due

**Audit No: SAC-03-03-R1-5** 

**Subject:** Frank Gates Service Company

Location: El Dorado Hills Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$231.20			\$231.20
2		\$1,260.00					\$1,260.00
3				\$140.06			\$140.06
4	\$36.18						\$36.18
5				\$160.25			\$160.25
6				\$58.48			\$58.48
7	\$117.03			\$11.70			\$128.73
8				\$50.27			\$50.27
9	\$20.00			\$44.70			\$64.70
10				\$41.10			\$41.10
11				\$280.00			\$280.00
12	\$312.07			\$74.43			\$386.50
13	\$45.60			\$44.03			\$89.63
14	\$17.02			\$1.70			\$18.72
15	\$473.59			\$23.37			\$496.96
16				\$98.00			\$98.00
17	\$54.00						\$54.00
TOTAL	\$1,075.49	\$1,260.00	\$0.00	\$1,259.29	\$0.00	\$0.00	\$3,594.78

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: SAC-12-03-R1-2** 

**Subject:** Sierra Pacific Industries

**Location: Anderson** 

1. FACTOR FOR FAILURE	E TO PAY A	CCRUED ANI	O UNDISPUTED	INDEMNI	ΓΥ		1
A. Frequency Rate							4
# claims with unpd indem	0	divide by # cl	aims with payable	e indem	52	=	0.00000
B. Average Amount of Unpa	-	-					
Total unpd indem. =	-	divide by	# of claims with	n obligation			52
					Avg Unpd	Ind =	\$ -
C. Severity Rate	h	11 11 1	1: 1 100	00 <b>2</b> 001 C	ф. 10 <i>С</i> <b>2</b> 1		0.00000
Avg Unpd Indem	-	divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.00000
D. Factor for Failure to pay	Undisputed A	ccrued Indem	nity				
Frequency rate	0.00000		Severity rate	0.00000	X	modifier of	2
			Ž			=	0.00000
2. FACTOR FOR LATE FII	RST PAYME	NT OF TEMP					
# claims with late 1st TD		0	divide by # with			41	
# claims with late first SC no		0	divide by # with	h salary con		0	_
T	otals	0	divide by		Totals	41	=
							0.00000
2 FACTOR FOR LATE DI	DOT DATE	NE OF BEDI	AND TO A DIG A DI	TITEL TIPL	(	A THE DEVICE	arma.
3. FACTOR FOR LATE FIL	RSTPAYME				IA, AND DE		ETTS
# claims with late first PD		0	divide by # with			33	
# claims with late first VRM. # claims with late first DB	A	0	divide by # with			12 0	
	otals	0	divide by # with divide by	n nrst DB pa	Totals	45	<b>.</b> =
1	Otais	U	divide by		Totals	43	0.00000
							0.00000
4. FACTOR FOR LATE SU	JBSEOUENT	INDEMNITY	PAYMENTS				
# claims with late subsequent		0	divide by # with	h subsequen	t payments	41	=
•	1 5		,	•	1 5		0.00000
5. FACTOR FOR PROVISI	ON OF AME	/QME NOTIC	ES AND NOTIC	ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCAT	TIONAL REF	IABILITATIO	N				
# claims with AME/QME no			14		requiring no		33
# claims with VR potential e	ligibility notic		2	divide by #	requiring no	tices	18
		Totals	16			Totals	51
						=	0.31373
							0.51575
PROFILE AUDIT REVIE							0.31373
<b>Profile Audit Review Perfo</b>							

**Notices of Compensation Due** 

Audit No: SFO-14-03-R1-6

**Subject:** City and County of San Francisco

Location: San Francisco Type: SI

# No Undisputed Compensation Was Found Unpaid

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Notices of Compensation Due** 

Audit No: SFO-14-03-R1-6

**Subject:** City and County of San Francisco

Location: San Francisco Type: SI

# No Undisputed Compensation Was Found Unpaid

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: VNO-02-03-R1-6

**Subject:** City of Glendale

**Location:** Glendale

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED AN	D UNDISPUTED	INDEMNI	ГҮ		1
A. Frequency Rate							<b>⊒</b>
# claims with unpd indem	5	divide by # c	laims with payable	indem	51	=	0.09804
B. Average Amount of Unp		~					
Total unpd indem. =	\$ 9,865.58	divide by	# of claims with	n obligation	1 2		51
					Avg Unpd	Ind =	\$ 193.44
C. Carrarita Bata							
C. Severity Rate Avg Unpd Indem	\$ 193.44	divide by av	g unpd indem 199	0-2001 of	\$ 186.21	=	1.03884
Avg Onpu muem	ā 193.44	divide by av	g unpu muem 199	79-2001 01	\$ 100.21	_	1.03004
D. Factor for Failure to pay	Undisputed A	Accrued Indem	<u>nity</u>				
Frequency rate	0.09804	X	Severity rate	1.03884	X	modifier of	
						=	0.20369
A ELOTOR FOR LATE D	DOT DATE		OB ABA BIGABI	I ITII OD E	TD CT NOT	OF.	
2. FACTOR FOR LATE FI	RSTPAYME					0 0	
# claims with late 1st TD	_4:	0	divide by # with			-	
# claims with late first SC n	ouce Fotals	13	divide by # with divide by	i saiary con	Totals	50	_
	iotais	13	divide by		Totals	30	0.26000
							0.20000
3. FACTOR FOR LATE FI	RST PAYME	ENT OF PERM	IANENT DISABI	LITY. VRM	IA. AND DI	EATH BENE	FITS
# claims with late first PD	· · ·	4	divide by # witl		,	13	
# claims with late first VRM	ſΑ	0	divide by # with		A	1	
# claims with late first DB		0	divide by # with			0	
	Γotals	4	divide by	•	Totals	14	=
							0.28571
4. FACTOR FOR LATE SU							
# claims with late subsequer	nt payments	3	divide by # with	n subsequen	t payments	12	=
							0.25000
5 FACTOR FOR PROVIS	ION OF AME	E/OME NOTIC	TEC AND MOTICE	CC OF DOT	TAITTAT		
5. FACTOR FOR PROVIS ELIGIBILITY FOR VOCA				ES OF POT	ENTIAL		
# claims with AME/QME no				divide by #	requiring no	otices	43
# claims with VR potential of					requiring no		3
" claims with the potential t	ongromity noti	Totals	4	uivide oy "	roquing no	Totals	46
						=	0.08696
						_	0.00070
PROFILE AUDIT REVIE							1.08637
Profile Audit Review Perfo	ormance Rati	ing of 2.10 or <b>s</b>	greater is a failing	g score.			

## **Penalty Assessments and Collections**

Files Audited: 51
Indemnity 51
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: VNO-02-03-R1-6** 

**Subject:** City of Glendale

Location: Glendale Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item#	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	0	\$0	\$0	\$0	\$0		X
2	4	\$1,610	\$1,610	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	3	\$1,440	\$1,440	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	13	\$745	\$745	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	0	\$0	\$0	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	4	\$1,500	\$1,500	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	1	\$100	\$100	\$0	\$0		X
18 b	3	\$1,700	\$1,700	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	4	\$400	\$400	\$0	\$0		X
18 e	1	\$100	\$100	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	33	\$7,595	\$7,595	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: VNO-02-03-R1-6** 

**Subject:** City of Glendale

Location: Glendale Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1		\$48.57		\$937.43			\$986.00
2		\$3,988.00		\$686.80			\$4,674.80
3		\$175.71		\$909.71			\$1,085.42
4		\$2,720.00		\$356.00			\$3,076.00
5	\$43.36	\$0.00		\$0.00			\$43.36
TOTAL	\$43.36	\$6,932.28	\$0.00	\$2,889.94	\$0.00	\$0.00	\$9,865.58

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: AHM-09-03-R1-6

**Subject: City of Huntington Beach** 

**Location: Huntington Beach** 

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED AN	D UNDISPUTED IN	NDEMNITY	7		1
A. Frequency Rate							
# claims with unpd indem	6	divide by # c	laims with payable in	ndem	53	=	0.11321
B. Average Amount of Un							
Total unpd indem. =	\$ 1,216.26	divide by	# of claims with o	_	1 2		53
				1	Avg Unpd	Ind =	\$ 22.95
C. Severity Rate							
Avg Unpd Indem	\$ 22.95	divide by av	g unpd indem 1999-	·2001 of	\$ 186.21	=	0.12324
	TT 1: . 1	. 17 1	٠,				
D. Factor for Failure to pay	*		<u>nity</u> Severity rate	0.12	v	1:0: (	. 2
Frequency rate	0.11	l X	Severity rate	0.12	X	modifier of	0.02790
						_	0.02790
2. FACTOR FOR LATE F	IRST PAYMI	ENT OF TEMP	ORARY DISABILI	TY OR FIR	ST NOTIO	CE.	
# claims with late 1st TD	11111111	0	divide by # with 7			0	
# claims with late first SC n	otice	1	divide by # with s			46	
	Totals	1	divide by	-	Γotals	46	<del>-</del> =
							0.02174
3. FACTOR FOR LATE F	IRST PAYMI	ENT OF PERM	IANENT DISABILI	TY, VRMA	, AND DE	EATH BENE	FITS
# claims with late first PD		7	divide by # with f			21	-
# claims with late first VRN	ЛA	0	divide by # with f	irst VRMA		0	
# claims with late first DB		0	divide by # with f	irst DB paid	d	0	
	Totals	7	divide by		Γotals	21	=
							0.33333
4. FACTOR FOR LATE S		T INDEMNITY					
# claims with late subseque	nt payments	0	divide by # with s	subsequent p	payments	5	=
							0.00000
							-
5. FACTOR FOR PROVIS				OF POTE	NTIAL		
ELIGIBILITY FOR VOCA				.1 1 //			
# claims with AME/QME n				vide by # re			44
# claims with VR potential	eligibility noti			vide by # re	equiring no		4
		Totals	14			Totals	48
						=	0.29167
PROFILE AUDIT REVIE  Profile Audit Review Perf	EW PERFOR	MANCE RAT	ΓING				0.67464

### **Penalty Assessments and Collections**

Files Audited: 53
Indemnity 53
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: AHM-09-03-R1-6** 

**Subject:** City of Huntington Beach

Location: Huntington Beach Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	110
1	0	\$0	\$0	\$0	\$0		X
2	7	\$830	\$830	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	0	\$0	\$0	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	1	\$20	\$20	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	3	\$1,500	\$1,500	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	11	\$5,100	\$5,100	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	1	\$200	\$200	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	6	\$600	\$600	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	29	\$8,250	\$8,250	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: AHM-09-03-R1-6** 

**Subject:** City of Huntington Beach

Location: Huntington Beach Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$84.00			\$84.00
2				\$168.00			\$168.00
3		\$113.40		\$220.86			\$334.26
4				\$210.00			\$210.00
5				\$210.00			\$210.00
6				\$210.00			\$210.00
TOTAL	\$0.00	\$113.40	\$0.00	\$1,102.86	\$0.00	\$0.00	\$1,216.26

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: AHM-05-03-R1-6** 

**Subject:** City of Long Beach

**Location: Long Beach** 

1. FACTOR FOR FAILURE TO PAY	ACCRUED AN	D UNDISPUTED	INDEMNI	ГΥ		
A. Frequency Rate						_
# claims with unpd indem 4	divide by # c	laims with payable	e indem	56	=	0.07143
D. A A CHI	uit uu Claim i	d. Obligadian ta D	. T. 1			
B. Average Amount of Unpaid Indem Total unpd indem. = \$853						<b>5</b> (
Total unpd indem. = \$853	.25 divide by	# of claims witl	n obligation	Avg Unpd		56 \$ 15.24
				Avg Onpu	ma –	\$ 13.24
C. Severity Rate						
	.24 divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.08182
rrig empu muum		B unpu muem 199	2001 01	↓ 100. <b>2</b> 1		0.00102
D. Factor for Failure to pay Undispute	ed Accrued Indem	<u>nity</u>				
Frequency rate 0.07	143 X	Severity rate	0.08182	X	modifier of	2
					=	0.01169
2. FACTOR FOR LATE FIRST PAY						
# claims with late 1st TD	1	divide by # with			3	
# claims with late first SC notice	5	divide by # with	h salary con		51	_
Totals	6	divide by		Totals	54	=
						0.11111
3. FACTOR FOR LATE FIRST PAY	MENIT OF DEDIV	A MENIT DICADI	LITV VDA	IA AND DI	EATH DENIE	EITC
# claims with late first PD	6	divide by # with		ia, and di	22	F113
# claims with late first VRMA	0	divide by # with		Δ	1	
# claims with late first DB	0	divide by # with			0	
Totals	6	divide by	n mot DD p	Totals	23	=
	•					0.26087
4. FACTOR FOR LATE SUBSEQUE	ENT INDEMNITY	PAYMENTS				
# claims with late subsequent payment	s 1	divide by # witl	h subsequen	t payments	23	=
						0.04348
5. FACTOR FOR PROVISION OF A			ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCATIONAL I						
# claims with AME/QME notice viola				requiring no		51
# claims with VR potential eligibility i		6	divide by #	requiring no		9
	Totals	24			Totals	60
					=	0.40000
						0.10000
PROFILE AUDIT REVIEW PERFO	ORMANCE RAT	ΓING				0.82715

### **Penalty Assessments and Collections**

Files Audited: 56
Indemnity 56
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: AHM-05-03-R1-6** 

**Subject:** City of Long Beach

Location: Long Beach Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	INO
1	1	\$50	\$50	\$0	\$0		X
2 3	6	\$1,295	\$1,295	\$0	\$0		X
	0	\$0	\$0	\$0	\$0		X
4	1	\$160	\$160	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	5	\$120	\$120	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	6	\$1,900	\$1,900	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	18	\$7,200	\$7,200	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	4	\$350	\$350	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	41	\$11,075	\$11,075	\$0	\$0		

**Notices of Compensation Due** 

Audit No: AHM-05-03-R1-6

**Subject: City of Long Beach** 

Location: Long Beach Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$49.00			\$49.00
2				\$617.14			\$617.14
3				\$157.71			\$157.71
4				\$29.40			\$29.40
TOTAL	\$0.00	\$0.00	\$0.00	\$853.25	\$0.00	\$0.00	\$853.25

# Calendar Year: 2003

### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: VNO-16-03-R2-6

**Subject:** City of Los Angeles

**Location: Los Angeles** 

1. FACTOR FOR FAILU	RE TO PAY A	CCRUED AN	D UNDISPUTED	INDEMNI	ГҮ		1
A. Frequency Rate							4
# claims with unpd indem	19	divide by # c	laims with payable	e indem	58	=	0.32759
B. Average Amount of Ur	npaid Indemnity	v per Claim wit	th Obligation to Pa	v Indemnit	v		
Total unpd indem. =	\$ 14,521.47		# of claims with			n.	58
					Avg Unpd	Ind =	\$ 250.37
C. C. with But.							
C. Severity Rate Avg Unpd Indem	\$ 250.37	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	1.34456
rivg onpu muom	ψ 250.57	arviae by av	g unpa maem 199	2001 01	Ψ 100.21		1.5 1 150
D. Factor for Failure to pa	y Undisputed A	Accrued Indem					
Frequency rate	0.32759	) X	Severity rate	1.34456	X	modifier of	2
						=	0.88092
2. FACTOR FOR LATE I	FIRST PAYME	ENT OF TEMP	ORARY DISABI	LITY OR F	TRST NOTIO	CE	
# claims with late 1st TD		3	divide by # with			6	
# claims with late first SC	notice	10	divide by # with	n salary con	tinuation	39	_
	Totals	13	divide by		Totals	45	=
							0.28889
3. FACTOR FOR LATE I	FIRST PAYME	ENT OF PERM	IANENT DISARI	LITY VRM	IA AND DE	EATH BENEI	FITS
# claims with late first PD	INSTITUTION	13	divide by # witl		171, 71110 01	18	.115
# claims with late first VR	MA	0	divide by # witl		A	3	
# claims with late first DB		0	divide by # with	n first DB p	aid	0	_
	Totals	13	divide by		Totals	21	=
							0.61905
4. FACTOR FOR LATE S	SHIDSEOHENI	T INDEMNITY	7 DAVMENTS				
# claims with late subseque		7	divide by # with	n subseauen	t payments	21	=
		·			- P J		0.33333
5. FACTOR FOR PROVI				ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCA				1: :1.1. //		45	4.4
# claims with AME/QME # claims with VR potential					requiring no		44 9
# claims with VK potential	engionity non	Totals	24	uivide by #	requiring no	Totals	53
		- 5 *****				- 0 4410	
						=	0.45283
PROFILE AUDIT REVI	EW DEDEAD	MANCE DAT	TINC				2.57502
Profile Audit Review Per				g score.			2.37302

## **Full Compliance Audit Performance Rating of Randomly Selected Claims**

**Audit No: VNO-16-03-R2-6** 

**Subject: City of Los Angeles** 

**Location: Los Angeles** 

1. FACTOR FOR FAILURE TO PAY	ACCRUED AN	ND UNDISPUTED INDEMN	VITY		7
A. Frequency Rate					
# claims with unpd indem 26	divide by # cl	laims with payable indem	133	=	0.19549
B. Average Amount of Unpaid Indemni	tri man Claim iri	rith Obligation to Day Indom	.:		
Total unpd indem = \$26,298.43	ty per Ciaiiii w	# of claims with obligation			133
10tal ulipu liidelii – \$20,298.43		# of claims with obligation	Avg Unpd		\$ 197.73
			Avg Onpu	IIId —	J 197.73
C. Severity Rate					
Avg Unpd Ind. \$ 197.73	divide by av	g unpd indem 1999-2001 of	\$ 186.21	=	1.06188
11.8 01.Fu 11.01		8 m-1 m m	4		-110000
D. Factor for Failure to pay Undisputed	Accrued Inden	<u>nnity</u>			
Frequency rate 0.19549	X	Severity rate 1.06188	X	modifier of	
				=	0.41517
2. FACTOR FOR LATE FIRST PAYM					
# claims with late 1st TD	5	divide by # with TD paym		12	
# claims with late first SC notice	23	divide by # with salary co		96	_
Totals	28	divide by	Totals	108	=
					0.25926
3. FACTOR FOR LATE FIRST PAYM	ENT OF PERI	MANENT DISABILITY, VI	RMA, AND D	EATH BENI	EFITS
3. FACTOR FOR LATE FIRST PAYM # claims with late first PD	ENT OF PERM 17	MANENT DISABILITY, VI divide by # with first PD	RMA, AND D	EATH BENI 40	EFITS
		MANENT DISABILITY, VE divide by # with first PD divide by # with first VRM			EFITS
# claims with late first PD	17	divide by # with first PD	МА	40	EFITS
# claims with late first PD # claims with late first VRMA	17 0	divide by # with first PD divide by # with first VRM	МА	40 10	EFITS =
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0	divide by # with first PD divide by # with first VRM divide by # with first deat	ЛА h ben paid	40 10 0	_
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals	17 0 0 17	divide by # with first PD divide by # with first VRM divide by # with first deat divide by	ЛА h ben paid	40 10 0	
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals  4. FACTOR FOR LATE SUBSEQUEN	17 0 0 17 T INDEMNIT	divide by # with first PD divide by # with first VRN divide by # with first deat divide by  Y PAYMENTS	MA h ben paid Totals	40 10 0 50	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals	17 0 0 17	divide by # with first PD divide by # with first VRM divide by # with first deat divide by	MA h ben paid Totals	40 10 0	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals  4. FACTOR FOR LATE SUBSEQUEN	17 0 0 17 T INDEMNIT	divide by # with first PD divide by # with first VRN divide by # with first deat divide by  Y PAYMENTS	MA h ben paid Totals	40 10 0 50	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals  4. FACTOR FOR LATE SUBSEQUEN # claims with late subseq payments	17 0 0 17 TT INDEMNIT 13	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa	MA h ben paid Totals ayments	40 10 0 50	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits Totals  4. FACTOR FOR LATE SUBSEQUEN # claims with late subseq payments  5. FACTOR FOR PROVISION OF AM	17 0 0 17 T INDEMNIT 13	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa	MA h ben paid Totals ayments	40 10 0 50	= 0.34000
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0 17 T INDEMNIT 13 E/QME NOTI	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF POON	MA h ben paid Totals  ayments  OTENTIAL	40 10 0 50 45	= 0.34000 = 0.28889
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF POON  30 divide by	MA h ben paid Totals  ayments  OTENTIAL # requiring no	40 10 0 50 45	= 0.34000 = 0.28889
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 17 17 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF PO ON  30 divide by # divide by #	MA h ben paid Totals  ayments  OTENTIAL	40 10 0 50 45	= 0.34000 = 0.28889 102 19
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF POON  30 divide by	MA h ben paid Totals  ayments  OTENTIAL # requiring no	40 10 0 50 45	= 0.34000 = 0.28889
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 17 17 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF PO ON  30 divide by # divide by #	MA h ben paid Totals  ayments  OTENTIAL # requiring no	40 10 0 50 45	= 0.34000 = 0.28889 102 19 121
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 17 17 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF PO ON  30 divide by # divide by #	MA h ben paid Totals  ayments  OTENTIAL # requiring no	40 10 0 50 50 45	= 0.34000 = 0.28889 102 19
# claims with late first PD # claims with late first VRMA # claims/late first death benefits	17 0 0 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	divide by # with first PD divide by # with first VRM divide by # with first deat divide by  Y PAYMENTS divide by # with subseq pa  CES AND NOTICES OF POON  30 divide by # 44  divide by #	MA h ben paid Totals  ayments  OTENTIAL # requiring no	40 10 0 50 50 45	= 0.34000 = 0.28889 102 19 121

**Audit No:** 

**Penalty Assessments and Collections** 

0

Files Audited: 135
Indemnity 133
Medical Only 0
Denied 0
Complaints 2

Additional

**Subject:** City of Los Angeles

**Location:** Los Angeles Type: SI

VNO-16-03-R2-6

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	INO
1	5	\$1,800	\$0	\$0	\$1,800		X
2 3	18	\$5,830	\$0	\$0	\$5,830		X
	0	\$0	\$0	\$0	\$0		X
4	22	\$3,585	\$525	\$0	\$3,060		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	23	\$1,120	\$1,120	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	14	\$5,000	\$5,000	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	30	\$11,600	\$11,600	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	11	\$4,800	\$0	\$0	\$4,800		X
18 b	6	\$1,950	\$0	\$0	\$1,950		X
18 c	1	\$750	\$0	\$0	\$750		X
18 d	23	\$2,000	\$0	\$0	\$2,000		X
18 e	1	\$100	\$0	\$0	\$100		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	154	\$38,535	\$18,245	\$0	\$20,290		

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due Page 1 of 2

Audit No: VNO-16-03-R2-6

**Subject: City of Los Angeles** 

Location: Los Angeles Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$126.00						\$126.00
2	\$1,220.61	\$314.69		\$153.53			\$1,688.83
3				\$98.00			\$98.00
4	\$420.00						\$420.00
5	\$136.00					\$15.60	\$151.60
6	\$490.00	\$1,760.00		\$176.00			\$2,426.00
7				\$201.57			\$201.57
8				\$126.00			\$126.00
9				\$160.00			\$160.00
10				\$478.42			\$478.42
11				\$40.00			\$40.00
12			\$396.00				\$396.00
13	\$280.00						\$280.00
14				\$862.11			\$862.11
15	\$70.00						\$70.00
16	\$420.00			\$210.00			\$630.00
17		\$4,480.00		\$448.00			\$4,928.00
18	\$2,450.00			\$381.28			\$2,831.28
19	\$1,120.00			\$308.14			\$1,428.14
20	\$3,570.00						\$3,570.00
21		\$2,380.00		\$238.00			\$2,618.00
SUBTOTAL	\$10,302.61	\$8,934.69	\$396.00	\$3,881.05	\$0.00	\$15.60	\$23,529.95

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due Page 2 of 2

Audit No: VNO-16-03-R2-6

**Subject:** City of Los Angeles

Location: Los Angeles Type: SI

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed Increase	Death Benefits	Penalty interest, or other	Total
22				\$1,669.00			\$1,669.00
23				\$98.00			\$98.00
24	\$392.33			\$70.00			\$392.33
25	\$392.33			\$56.00			\$56.00
26		\$502.86		\$50.29			\$553.15
20		\$302.80		\$30.29			\$333.13

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: SAC-11-03-R1-6** 

**Subject:** City of Modesto

**Location: Modesto** 

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED ANI	D UNDISPUTED	INDEMNI	ГҮ		1
A. Frequency Rate							<b>⊒</b>
# claims with unpd indem	2	divide by # cl	laims with payable	indem	47	=	0.04255
D. A A			d Obligation to Be	T., 1			
B. Average Amount of Unp	-	_					47
Total unpd indem. =	\$398.73	divide by	# of claims with	1 obligation			47 \$ 8.48
					Avg Unpd	ma –	\$ 0.40
C. Severity Rate							
Avg Unpd Indem	\$ 8.48	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	0.04556
D. Factor for Failure to pay				0.04556	37	1:0 0	2
Frequency rate	0.04255	X	Severity rate	0.04556	X	modifier of	0.00388
						_	0.00388
2. FACTOR FOR LATE FI	RST PAYME	NT OF TEMP	ORARY DISABI	LITY OR F	IRST NOTIO	CE	
# claims with late 1st TD		0	divide by # with			4	
# claims with late first SC n	otice	7	divide by # with	n salary con	tinuation	34	_
	Γotals	7	divide by		Totals	38	=
							0.18421
3. FACTOR FOR LATE FI	DST DAVME	NT OF PERM	IANENT DISARI	LITV VRM	IA AND DE	EATH RENE	FITS
# claims with late first PD	IKSTTATME	0	divide by # with		IA, AND DI	26	1115
# claims with late first VRM	1A	0	divide by # with		A	3	
# claims with late first DB		0	divide by # with			0	
-	Γotals	0	divide by	•	Totals	29	=
			•				0.00000
4. FACTOR FOR LATE SI				1		20	
# claims with late subsequer	nt payments	0	divide by # witl	1 subsequen	t payments	28	0.00000
							0.00000
5. FACTOR FOR PROVIS	ION OF AME	OME NOTIC	ES AND NOTICE	ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCA			N				
# claims with AME/QME no					requiring no		34
# claims with VR potential of	eligibility notic	ce violations	3	divide by #	requiring no	otices	6
		Totals	7			Totals	40
						=	0.17500
PROFILE AUDIT REVIE Profile Audit Review Perfo				g score.			0.36309

## **Penalty Assessments and Collections**

Files Audited: 47
Indemnity 47
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: SAC-11-03-R1-6** 

**Subject:** City of Modesto

Location: Modesto Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	INO
1	0	\$0	\$0	\$0	\$0		X
2	0	\$0	\$0	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	0	\$0	\$0	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	8	\$250	\$250	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	3	\$700	\$700	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	3	\$1,100	\$1,100	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	2	\$200	\$200	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	0	\$0	\$0	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	16	\$2,250	\$2,250	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: SAC-11-03-R1-6** 

**Subject:** City of Modesto

Location: Modesto Type: SI

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed Increase	Death Benefits	Penalty Interest or Other	Total
1	\$208.00	\$0.00	\$0.00	\$20.80	\$0.00	\$0.00	\$228.80
2	\$164.45	\$0.00	\$0.00	\$5.48	\$0.00	\$0.00	\$169.93
TOTAL	\$372.45	\$0.00	\$0.00	\$26.28	\$0.00	\$0.00	\$398.73

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: OAK-03-03-R1-6

Subject: City of Richmond Risk Management

Location: Richmond

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED ANI	O UNDISPUTED	INDEMNI	ГҮ		1
A. Frequency Rate							•
# claims with unpd indem	1	divide by # cl	aims with payable	indem	51	=	0.01961
B. Average Amount of Unp	aid Indomnits	, per Claim wit	h Obligation to Pa	v Indomnit	<b>.</b>		
-	\$ 56.00	divide by	# of claims with				51
Total unpu muem. –	\$ 50.00	divide by	# 01 Claims with	i oonganon	Avg Unpd		\$ 1.10
					my chpu	ma	φ 1.10
C. Severity Rate							
	\$ 1.10	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	0.00590
<i>U</i> 1		J	C 1				
D. Factor for Failure to pay	Undisputed A	accrued Indemi	<u>nity</u>				
Frequency rate	0.01961	X	Severity rate	0.00590	X	modifier of	2
						=	0.00023
2. FACTOR FOR LATE FI	RST PAYME						
# claims with late 1st TD		1	divide by # with			2	
# claims with late first SC no		17	divide by # with	n salary con		48	_
1	Totals	18	divide by		Totals	50	=
							0.36000
3. FACTOR FOR LATE FI	DCT DAVME	NT OF DEDM	ANENT DISABI	ITV VDI	A AND DE	ATH DENE	FITC
# claims with late first PD	KSTTATME	0	divide by # with		IA, AND DE	11	1113
# claims with late first VRM	Α	0	divide by # with		Α	0	
# claims with late first DB		0	divide by # with			0	
	otals	0	divide by	p	Totals	11	=
			· · · · · · · · · · · · · · · · · ·				0.00000
4. FACTOR FOR LATE SU	JBSEQUENT	INDEMNITY	PAYMENTS				
# claims with late subsequen	nt payments	3	divide by # with	n subsequen	t payments	9	=
							0.33333
5. FACTOR FOR PROVISI				ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCA							
# claims with AME/QME no					requiring no		38
# claims with VR potential e	eligibility notic		0	divide by #	requiring no		3
		Totals	I			Totals	41
						=	0.02439
BB 0 BW B 1 VIB VIB F							
PROFILE AUDIT REVIE							0.71795

## **Penalty Assessments and Collections**

Files Audited: 51
Indemnity 51
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: OAK-03-03-R1-6** 

Subject: City of Richmond Risk Management

Location: Richmond Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item#	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	2	\$75	\$75	\$0	\$0		X
2	0	\$0	\$0	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	3	\$235	\$235	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	19	\$945	\$945	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	0	\$0	\$0	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	1	\$100	\$100	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	1	\$100	\$100	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	26	\$1,455	\$1,455	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: OAK-03-03-R1-6** 

**Subject:** City of Richmond Risk Management

Location: Richmond Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability	V IXIVIA	imposed	Benefits	Interest	10141
rumoer	Disability	Disability		Increase	Delicities	or Other	
						or other	
1				\$56.00			\$56.00
TOTAL	\$0.00	\$0.00	\$0.00	\$56.00	\$0.00	\$0.00	\$56.00

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: OAK-02-03-R1-6

**Subject:** Contra Costa County Schools Insurance Group

**Location: Pleasant Hill** 

1. FACTOR FOR FAILU	RE T	O PAY AC	CCRUED ANI	O UNDISPUTED	INDEMNIT	ГΥ		
A. Frequency Rate # claims with unpd indem		8	divide by # cl	aims with payable	e indem	56	=	0.14286
· ·			-					
B. Average Amount of Un	_							
Total unpd indem. =	\$	7,952.98	divide by	# of claims with	h obligation			56
						Avg Unpd	Ind =	\$ 142.02
C. Severity Rate	Ф	1.42.02	1: :1 1	1: 1 100	20.2001 6	ф. 10 <i>(</i> <b>2</b> 1		0.76267
Avg Unpd Indem	\$	142.02	divide by av	g unpd indem 199	99-2001 01	\$ 186.21	=	0.76267
D. Factor for Failure to pa	ıy Ur	ndisputed A	ccrued Indemi	<u>nity</u>				
Frequency rate		0.14286	X	Severity rate	0.76267	X	modifier of	2
							=	0.21791
2. FACTOR FOR LATE	FIRS	T PAYME						
# claims with late 1st TD			1	divide by # with			8	
# claims with late first SC			14	divide by # with	h salary con		43	_
	Tota	als	15	divide by		Totals	51	=
								0.29412
3. FACTOR FOR LATE	FIRS	T DAVME	NT OF PERM	ANENT DISABI	LITV VRM	IA AND DE	ATH RENE	FITS
# claims with late first PD	III	1 17X 1 WIL	6	divide by # with		171, 71110 DI	20	1115
# claims with late first VR	MA		0	divide by # with		A	1	
# claims with late first DB			0	divide by # with			0	
	Tota	als	6	divide by	P	Totals	21	_ =
								0.28571
4. FACTOR FOR LATE	SUB	SEQUENT	INDEMNITY					
# claims with late subsequ	ent p	ayments	0	divide by # with	h subsequen	t payments	18	=
								0.00000
<u> </u>								
5. FACTOR FOR PROVI					ES OF POT	ENTIAL		
ELIGIBILITY FOR VOC					1: :1 1 //		,-	2.4
# claims with AME/QME				0		requiring no		34
# claims with VR potentia	lelig	ibility notic		2	divide by #	requiring no		4
			Totals	2			Totals	38
							=	0.05263
PROFILE AUDIT REVI	EW	PERFORM	MANCE RAT	ING				0.85037
Profile Audit Review Per	forn	nance Ratii	ng of 2.10 or g	greater is a failin	g score.			

### **Penalty Assessments and Collections**

Files Audited: 56
Indemnity 56
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: OAK-02-03-R1-6** 

**Subject:** Contra Costa County Schools

**Insurance Group** 

Location: Pleasant Hill Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	110
1	1	\$50	\$50	\$0	\$0		X
2	6	\$1,305	\$1,305	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	2	\$150	\$150	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	15	\$610	\$610	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	2	\$500	\$500	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	0	\$0	\$0	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	2	\$400	\$400	\$0	\$0		X
18 b	1	\$1,000	\$1,000	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	7	\$625	\$625	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	36	\$4,640	\$4,640	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: OAK-02-03-R1-6** 

**Subject:** Contra Costa County Schools Insurance Group

Location: Pleasant Hill, CA Type: Ins

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed	Death Benefits	Penalty Interest	Total
				Increase		or Other	
1				\$96.00			\$96.00
2				\$124.00			\$124.00
3				\$557.71			\$557.71
4	\$107.73						\$107.73
5	\$575.01			\$27.45			\$602.46
6		\$5,485.51		\$548.57			\$6,034.08
7				\$298.00			\$298.00
8				\$133.00			\$133.00
TOTAL	\$682.74	\$5,485.51	\$0.00	\$1,784.73	\$0.00	\$0.00	\$7,952.98

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: LAO-17-03-T1-6** 

**Subject:** County of Riverside

**Location: Riverside** 

1. FACTOR FOR FAILUI	RE TO PAY A	CCRUED ANI	D UNDISPUTED	INDEMNI	ГΥ		1
A. Frequency Rate							•
# claims with unpd indem	3	divide by # cl	laims with payable	e indem	55	=	0.05455
D 4 CIT		GI :	1 011	T 1			
B. Average Amount of Un							5.5
Total unpd indem. =	\$578.90	divide by	# of claims with	n obligation	Avg Unpd		55 \$ 10.53
					Avg Onpu	ma –	\$ 10.33
C. Severity Rate							
Avg Unpd Indem	\$ 10.53	divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.05652
11.8 onpa maem	Ψ 10.02	urriue of ur	g unpu muum 199	, 2001 01	ψ 100. <b>2</b> 1		0.00002
D. Factor for Failure to pa	y Undisputed A	Accrued Indem	<u>nity</u>				
Frequency rate	0.05455	X	Severity rate	0.05652	X	modifier of	2
						=	0.00617
2. FACTOR FOR LATE F	FIRST PAYME						
# claims with late 1st TD		0	divide by # witl			16	
# claims with late first SC		24	divide by # witl	h salary con		47	_
	Totals	24	divide by		Totals	63	=
							0.38095
3. FACTOR FOR LATE F	SIDST DAVME	NIT OF DEDM	ANENT DISABI	LITV VDN	IA AND DI	EATH DENE	EITC
# claims with late first PD	IKSTTATME	5	divide by # witl		ia, and di	19	.113
# claims with late first VRI	MΑ	0	divide by # with		A	4	
# claims with late first DB	· · · · · · · · · · · · · · · · · · ·	0	divide by # with			2	
	Totals	5	divide by		Totals	25	_ =
							0.20000
4. FACTOR FOR LATE S		INDEMNITY					
# claims with late subseque		^					
# claims with rate subseque	ent payments	0	divide by # witl	h subsequen	t payments	31	=
# ciainis with fate subseque	ent payments	0	divide by # witl	h subsequen	t payments	31	0.00000
		Ť	•	•		31	
5. FACTOR FOR PROVIS	SION OF AME	E/QME NOTIC	EES AND NOTICE	•		31	
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA	SION OF AME	E/QME NOTIC	EES AND NOTICE	ES OF POT	ENTIAL		0.00000
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIC s	EES AND NOTICE ON 7	ES OF POT	ENTIAL requiring no	otices	38
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIO s ce violations	EES AND NOTICE ON 7 2	ES OF POT	ENTIAL	otices otices	38 7
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIC s	EES AND NOTICE ON 7	ES OF POT	ENTIAL requiring no	otices	38
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIO s ce violations	EES AND NOTICE ON 7 2	ES OF POT	ENTIAL requiring no	otices otices	38 7 45
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP	E/QME NOTIC HABILITATIO s ce violations	EES AND NOTICE ON 7 2	ES OF POT	ENTIAL requiring no	otices otices Totals	38 7
5. FACTOR FOR PROVISELIGIBILITY FOR VOCA# claims with AME/QME 1	SION OF AME ATIONAL REP notice violation eligibility notice	E/QME NOTIC HABILITATIONS IS Ce violations Totals	TES AND NOTICE  7  2  9	ES OF POT	ENTIAL requiring no	otices otices Totals	38 7 45

## **Penalty Assessments and Collections**

Files Audited: 55
Indemnity 55
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No:** LAO-17-03-T1-6

**Subject:** County of Riverside

Location: Riverside Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	0	\$0	\$0	\$0	\$0		X
2	5	\$1,145	\$1,145	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	0	\$0	\$0	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	24	\$830	\$830	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	2	\$600	\$600	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	7	\$1,940	\$1,940	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	3	\$300	\$300	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	41	\$4,815	\$4,815	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: LAO-17-03-T1-6** 

**Subject:** County of Riverside

Location: Riverside Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$178.50			\$178.50
2				\$266.00			\$266.00
3				\$134.40			\$134.40
TOTAL	\$0.00	\$0.00	\$0.00	\$578.90	\$0.00	\$0.00	\$578.90

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: LAO-16-03-R1-6

**Subject:** County of San Diego

**Location: San Diego** 

1. FACTOR FOR FAILUR	E TO PAY A	CCRUED ANI	O UNDISPUTED	INDEMNI	ГΥ		7
A. Frequency Rate							-4
# claims with unpd indem	11	divide by # cl	aims with payable	e indem	57	=	0.19298
D. A. A. CII	.17 1 2	CI : :	1 O11: .:	T 1 %			
B. Average Amount of Unp	\$ 7,199.50		th Obligation to Pa # of claims with	•			57
Total unpd indem. =	\$ 7,199.30	divide by	# Of Claims with	i obligation	Avg Unpd		\$ 126.31
					Avg Onpu	mu –	\$ 120.51
C. Severity Rate							
· · · · · · · · · · · · · · · · · · ·	\$ 126.31	divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.67830
		,					
D. Factor for Failure to pay	Undisputed A	Accrued Indem	<u>nity</u>				
Frequency rate	0.19298	3 X	Severity rate	0.67830	X	modifier of	
						=	0.26180
2 FACTOR FOR LATE E	IDCT DAVAGE	ENTE OF TENE	OD ADV DICADI	LITYODE	IDOT MOTI	OE.	
2. FACTOR FOR LATE F. # claims with late 1st TD	IRST PAYME	3	divide by # witl			<u>CE</u> 8	
# claims with late first SC n	otica	3 7	divide by # with			30	
	Totals	10	divide by # with	i Salary Con	Totals	38	<del>-</del> =
	Totals	10	divide by		Totals	30	0.26316
							0.20310
3. FACTOR FOR LATE F	IRST PAYMI	ENT OF PERM	ANENT DISABI	LITY, VRN	IA, AND DI	EATH BENE	FITS
# claims with late first PD		4	divide by # witl	h first PD		37	
# claims with late first VRM	1A	1	divide by # witl	h first VRM		5	
# claims with late first DB		0	divide by # witl	h first DB p	aid	0	_
,	Totals	5	divide by		Totals	42	=
							0.11905
A FACTOR FOR LATE OF	I IDGE OF IED IS	E D IDEN O HEET	A DALLA CENTEG				
4. FACTOR FOR LATE ST # claims with late subsequent		FINDEMNITY 6	divide by # witl		4 4	34	=
# claims with late subseque	nt payments	0	divide by # with	n subsequen	ı payments	34	0.17647
							0.17047
5. FACTOR FOR PROVIS	ION OF AMI	E/OME NOTIC	ES AND NOTIC	ES OF POT	ENTIAL		1
ELIGIBILITY FOR VOCA		-		20 01 101	LIVILLE		
# claims with AME/QME n				divide by #	requiring no	otices	50
# claims with VR potential					requiring no		10
•		Totals	8	-		Totals	60
						=	0.13333
PROFILE AUDIT REVIE						=	0.13333 <b>0.95381</b>

**Penalty Assessments and Collections** 

Files Audited: 58
Indemnity 57
Medical Only 0
Denied 0
Complaints 1
Additional 0

**Audit No: LAO-16-03-R1-6** 

**Subject:** County of San Diego

Location: San Diego Type: SI

	# of	Total \$	Total \$	Total \$	Balance	Appeale	ed
Item #	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	3	\$175	\$175	\$0	\$0		X
2	4	\$1,540	\$1,540	\$0	\$0		X
3	1	\$100	\$100	\$0	\$0		X
4	7	\$430	\$430	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	7	\$390	\$390	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	7	\$2,600	\$2,600	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	1	\$400	\$400	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	4	\$1,500	\$1,500	\$0	\$0		X
18 b	2	\$600	\$600	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	7	\$600	\$600	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	43	\$8,335	\$8,335	\$0	\$0		

**Notices of Compensation Due** 

**Audit No: LAO-16-03-R1-6** 

**Subject:** County of San Diego

Location: San Diego Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$139.17			\$13.92			\$153.09
2	\$420.00						\$420.00
3				\$91.43			\$91.43
4				\$101.55			\$101.55
5	\$324.19			\$123.19			\$447.38
6				\$62.00			\$62.00
7	\$3,610.48						\$3,610.48
8				\$40.00			\$40.00
9		\$438.57		\$43.86			\$482.43
10		\$1,602.85		\$160.29			\$1,763.14
11				\$28.00			\$28.00
TOTAL	\$4,493.84	\$2,041.42	\$0.00	\$664.24	\$0.00	\$0.00	\$7,199.50

#### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: SFO-13-03-R1-1

**Subject:** Crum and Forster Insurance

Location: Plano, TX

1. FACTOR FOR FAILU	RE T	O PAY AC	CCRUED AN	D UNDISPUTED	INDEMNI	ГҮ		
A. Frequency Rate		_						0.40500
# claims with unpd indem		7	divide by # c	laims with payable	e indem	56	=	0.12500
B. Average Amount of Ur	npaid	Indemnity	per Claim wi	th Obligation to Pa	ay Indemnit	V		
Total unpd indem. =	\$	6,338.38	divide by	# of claims witl			n.	56
						Avg Unpd	Ind =	\$ 113.19
C. Severity Rate								
Avg Unpd Indem	\$	113.19	divide by av	vg unpd indem 199	99-2001 of	\$ 186.21	=	0.60784
8 e - <b>P</b> m	•			. 8 p		*		
D. Factor for Failure to pa	ıy Un							
Frequency rate		0.12500	X	Severity rate	0.60784	X	modifier of	2
							_	0.15196
2. FACTOR FOR LATE	FIRS	T PAYME	NT OF TEMP	PORARY DISABI	LITY OR F	IRST NOTIO	CE	
# claims with late 1st TD			23	divide by # with			54	
# claims with late first SC	notic	e	0	divide by # with	h salary con	tinuation	0	
	Tota	ıls	23	divide by		Totals	54	=
								0.42593
3. FACTOR FOR LATE I	FIRS	ΤΡΔΥΜΕ	NT OF PERM	ANENT DISARI	LITV VRM	IA AND DE	EATH RENEE	PTI
# claims with late first PD	III	1 171 IVIL	3	divide by # with		171, 71110 01	12	115
# claims with late first VR	MA		0	divide by # with		A	4	
# claims with late first DB			0	divide by # with			0	
	Tota	ıls	3	divide by	•	Totals	16	=
								0.18750
4 EACTOR FOR LATE	CLID	CEOLIENT	DIDEMNITS	Z DASZMENITO				
4. FACTOR FOR LATE S			INDEMNIT :	divide by # with	h subsequen	t navments	37	=
# claims with face subsequ	ciit p	ayments	10	divide by # with	ii suosequen	it payments	31	0.27027
								**=**=*
5. FACTOR FOR PROVI	SION	OF AME	QME NOTIO	CES AND NOTIC	ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCA								
# claims with AME/QME				5		requiring no		20
# claims with VR potential	lelig	ibility notic		8	divide by #	requiring no		12
			Totals	13			Totals	32
							=	0.40625
PROFILE AUDIT REVI	FW.	DEDEOD	MANCE DAT	FINC				1.44191
Profile Audit Review Per					ng score.			1,44171

**Penalty Assessments and Collections** 

Files Audited: 56
Indemnity 56
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: SFO-13-03-R1-1** 

**Subject:** Crum and Forster Insurance

Location: Plano, TX Type: INS

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	res	NO
1	25	\$2,985	\$2,985	\$0	\$0		X
2	3	\$1,220	\$1,220	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	14	\$1,645	\$1,645	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	8	\$2,300	\$2,300	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	5	\$1,900	\$1,900	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	3	\$1,300	\$1,300	\$0	\$0		X
18 b	1	\$400	\$400	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	3	\$250	\$250	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	1	\$500	\$500	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	63	\$12,500	\$12,500	\$0	\$0		

Administrative penalties waived pursuant to Labor Code Section 129.5(c) and regulatory authority.

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due

Audit No: SFO-13-03-R1-1

**Subject:** Crum and Forster Insurance

Location: Plano, TX Type: Ins

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$68.32						\$68.32
2				\$75.08			\$75.08
3	\$61.19						\$61.19
4				\$196.00			\$196.00
5		\$2,148.57		\$214.86			\$2,363.43
6						\$428.49	\$428.49
7	\$2,859.88			\$285.99			\$3,145.87
TOTAL	\$2,989.39	\$2,148.57	\$0.00	\$771.93	\$0.00	\$428.49	\$6,338.38

## **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: SAC-04-03-R2-5

**Subject: Cunningham Lindsey Claims Management** 

**Location: Rancho Cordova** 

1. FACTOR FOR FAILUI	RE TO PAY A	CCRUED ANI	O UNDISPUTED	INDEMNI	ГҮ		1
A. Frequency Rate							•
# claims with unpd indem	14	divide by # cl	aims with payable	indem	49	=	0.28571
B. Average Amount of Un			-	•			40
Total unpd indem. =	\$ 15,583.25	divide by	# of claims with	i obligation	1 2		49 \$ 318.03
					Avg Unpd	ina –	\$ 318.03
C. Severity Rate							
Avg Unpd Indem	\$ 318.03	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	1.70789
8p	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8 to		4		
D. Factor for Failure to pa	y Undisputed A	Accrued Indem	<u>nity</u>				
Frequency rate	0.28571	l X	Severity rate	1.70789	X	modifier of	2
						=	0.97594
2. FACTOR FOR LATE F	FIRST PAYMI						
# claims with late 1st TD		21	divide by # with			45	
# claims with late first SC		<u>0</u> 21	divide by # with divide by	i salary con		<u>0</u> 45	<u> </u>
	Totals	21	divide by		Totals	43	0.46667
							0.40007
3. FACTOR FOR LATE F	FIRST PAYME	ENT OF PERM	ANENT DISABI	LITY. VRM	IA. AND DI	EATH BENE	FITS
# claims with late first PD		4	divide by # with		,	11	
# claims with late first VRI	MA	0	divide by # with		ÍΑ	1	
# claims with late first DB		0	divide by # with	n first DB p	aid	0	
	Totals	4	divide by		Totals	12	
							0.33333
4. FACTOR FOR LATE S							
# claims with late subseque	ent payments	10	divide by # with	ı subsequen	it payments	29	=
							0.34483
5. FACTOR FOR PROVIS	CION OF AMI	E/OME NOTIC	EC AND MOTICI	EC OF DOT	ENITIAI		
ELIGIBILITY FOR VOCA				ES OF POT	ENTIAL		
# claims with AME/QME i				divide by #	requiring no	ntices	39
# claims with VR potential					requiring no		6
" ciamis with the potential	engionity not	Totals	16	arvide oy "	requiring ne	Totals	45
						=	0.35556
PROFILE AUDIT REVI		MANOR DAT	TATO				0.45(00
Profile Audit Review Per							2.47632

# Full Compliance Audit Performance Rating of Randomly Selected Claims

**Audit No: SAC-04-03-R2-5** 

Calendar Year: 2003

Subject: Cunningham Lindsey Claims Management

**Location: Rancho Cordova** 

1. FACTOR FOR FAILUI	RE TO PAY A	CCRUED AN	D UNDISPUTED	) INDEMN	ITY		1
A. Frequency Rate							
# claims with unpd indem	27	divide by # cla	aims with payable	indem	91	=	0.29670
		· · ·					
B. Average Amount of Un							0.4
Total unpd indem =	\$ 23,704.83	divide by	# of claims with	i obligation			91
					Avg Unpd	Ina =	\$ 260.49
C. Severity Rate							
	\$ 260.49	divide by av	g unpd indem 199	9-2001 of	\$ 186.21	=	1.39892
rivg onpu mu.	200.19	divide by av	g unpu muem 199	2001 01	ψ 100.21		1.57072
D. Factor for Failure to pa	y Undisputed	Accrued Indem	<u>nnity</u>				
Frequency rate	0.29670	X	Severity rate	1.39892	X	modifier of	
						=	0.83013
2. FACTOR FOR LATE F	TRST PAYMI						
# claims with late 1st TD		36	divide by # with			83	
# claims with late first SC i	notice Fotals	36	_ divide by # with	1 salary con	Totals	83	<b>-</b> _
]	otais	30	divide by		Totals	83	0.43373
							0.43373
3. FACTOR FOR LATE F	FIRST PAYMI	ENT OF PERM	MANENT DISAB	ILITY. VR	MA. AND D	EATH BENI	EFITS
# claims with late first PD	-	9			, .		
" Ciuilio With late Hist I D		9	divide by # with	i first PD		23	
# claims with late first VR!	MA	1	divide by # with divide by # with		A	5	
				n first VRM			
# claims with late first VR! # claims/late first death ber		1	divide by # with	n first VRM		5	
# claims with late first VR! # claims/late first death ber	nefits	1	divide by # with divide by # with	n first VRM	ben paid	5	= 0.35714
# claims with late first VR! # claims/late first death ber	nefits Fotals	1 0 10	divide by # with divide by # with divide by	n first VRM	ben paid	5	= 0.35714
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S	nefits Fotals SUBSEQUEN	1 0 10 Γ INDEMNITY	divide by # with divide by # with divide by  Y PAYMENTS	n first VRM n first death	ben paid Totals	5 0 28	
# claims with late first VR! # claims/late first death ber	nefits Fotals SUBSEQUEN	1 0 10	divide by # with divide by # with divide by	n first VRM n first death	ben paid Totals	5	=
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S	nefits Fotals SUBSEQUEN	1 0 10 Γ INDEMNITY	divide by # with divide by # with divide by  Y PAYMENTS	n first VRM n first death	ben paid Totals	5 0 28	
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p	nefits Fotals SUBSEQUEN' ayments	1 0 10 10 F INDEMNITY 22	divide by # with divide by # with divide by  Y PAYMENTS divide by # with	n first VRM n first death	ben paid Totals	5 0 28	=
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p	nefits Fotals SUBSEQUENT ayments SION OF AM	1 0 10 10 T INDEMNITY 22 E/QME NOTIO	divide by # with divide by # with divide by  Y PAYMENTS divide by # with	n first VRM n first death	ben paid Totals	5 0 28	=
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA	nefits Fotals SUBSEQUENT ayments SION OF AMATIONAL RE	1 0 10 10 F INDEMNITY 22 E/QME NOTICE HABILITATION	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION	n first VRM n first death n subseq pay	ben paid Totals  yments  TENTIAL	5 0 28	= 0.43137
# claims with late first VR! # claims/late first death ber  1.  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1	SUBSEQUENT ayments SION OF AMI	1 0 10 10 T INDEMNITY 22 E/QME NOTION HABILITATIONS	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL  requiring no	5 0 28 51	=
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA	SUBSEQUENT ayments SION OF AMI	1 0 10 10 T INDEMNITY 22 E/QME NOTION HABILITATIONS	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL	5 0 28 51	= 0.43137 67
# claims with late first VR! # claims/late first death ber  1.  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1	SUBSEQUENT ayments SION OF AMI	1 0 10 10 10 E/QME NOTIONS ce violations	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18 6	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL  requiring no	5 0 28 51	= 0.43137 67 12
# claims with late first VR! # claims/late first death ber  1.  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1	SUBSEQUENT ayments SION OF AMI	1 0 10 10 10 E/QME NOTIONS ce violations	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18 6	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL  requiring no	5 0 28 51	= 0.43137 67 12
# claims with late first VR! # claims/late first death ber T  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1 # claims with VR potential	SUBSEQUENT ayments SION OF AMI ATIONAL RE notice violation eligibilty noti	1 0 10 10 10 E/QME NOTIONS Ce violations Totals	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTION  18 6 24	n first VRM n first death n subseq pay CES OF PO	ben paid Totals  yments  TENTIAL  requiring no	5 0 28 51 stices tices Totals	= 0.43137 67 12 79 0.30380
# claims with late first VR! # claims/late first death ber  1.  4. FACTOR FOR LATE S # claims with late subseq p  5. FACTOR FOR PROVISELIGIBILITY FOR VOCA # claims with AME/QME 1	SUBSEQUENT ayments  SION OF AMILIATIONAL REPORTED NOTE AND A CONTROL OF A CONTROL O	1 0 10 10 10 E/QME NOTION TOTALS  DRMANCE R	divide by # with divide by # with divide by  Y PAYMENTS divide by # with  CES AND NOTICE  18 6 24  ATING	n first VRM n first death n subseq pay CES OF PO' divide by # divide by #	ben paid Totals  yments  TENTIAL  requiring no requiring no	5 0 28 51 stices tices Totals =	= 0.43137 67 12 79

#### **Penalty Assessments and Collections**

Files Audited: 91
Indemnity 91
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No:** SAC-04-03-R2-5

**Subject:** Cunningham Lindsey Claims Management

Location: Rancho Cordova Type: TPA

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Vos	No
	Cited	Assessed	Waived	Collected	Due	Yes	No
1	44	\$3,090	\$0	\$3,090	\$0		X
2	8	\$1,635	\$0	\$1,635	\$0		X
3	1	\$50	\$0	\$50	\$0		X
4	46	\$3,185	\$2,075	\$0	\$1,110		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	6	\$1,900	\$1,900	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	18	\$6,800	\$6,800	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	15	\$2,650	\$0	\$2,650	\$0		X
18 b	8	\$3,400	\$0	\$3,400	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	40	\$2,700	\$0	\$2,700	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	186	\$25,410	\$10,775	\$13,525	\$1,110		

Administrative penalties waived pursuant to Labor Code Section 129.5(c)(1).

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due Page 1 of 2

**Audit No: SAC-04-03-R2-5** 

**Subject: Cunningham Lindsey Claims Management** 

Location: Rancho Cordova Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$492.40			\$112.76			\$605.16
2				\$32.00			\$32.00
3		\$6,240.00		\$656.00			\$6,896.00
4				\$522.70			\$522.70
5		\$660.00					\$660.00
6		\$38.50		\$3.85			\$42.35
7				\$83.20			\$83.20
8		\$120.00					\$120.00
9	\$1,680.00			\$693.00			\$2,373.00
10				\$280.00			\$280.00
11	\$36.20						\$36.20
12	\$264.97						\$264.97
13		\$840.00					\$840.00
14	\$190.44						\$190.44
15	\$210.00						\$210.00
16				\$375.16			\$375.16
17	\$257.01			\$20.09			\$277.10
18	\$70.00						\$70.00
19	\$80.91						\$80.91
20	\$144.00			\$217.40			\$361.40
21		\$6,008.00					\$6,008.00
SUBTOTAL	\$3,425.93	\$13,906.50	\$0.00	\$2,996.16	\$0.00	\$0.00	\$20,328.59

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due Page 2 of 2

**Audit No: SAC-04-03-R2-5** 

Subject: Cunningham Lindsey Claims Management

Location: Rancho Cordova Type: TPA

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed Increase	Death Benefits	Penalty interest, or other	Total
				increase		or other	
22	\$210.00						\$210.00
23	\$62.74						\$62.74
24				\$112.00			\$112.00
25	\$210.00			\$627.69			\$837.69
26	\$280.00			\$42.00			\$322.00
27		\$1,460.00		\$371.81			\$1,831.81

#### **Profile Audit Review Performance Rating of Randomly Selected Claims**

Audit No: SFO-04-03-R1-1

**Subject: Federated Mutual Insurance** 

Location: Phoenix, AZ

1. The fold of this	RE TO PAY A	CCRUED ANI	O UNDISPUTED	INDEMNIT	ΓΥ		1
A. Frequency Rate							_
# claims with unpd indem	0	divide by # cl	aims with payable	e indem	3	=	0.00000
D 4 CIT		ou : :	1.011				
B. Average Amount of Ur			_				2
Total unpd indem. =	\$ -	divide by	# of claims with	n obligation	Avg Unpd		3 \$ -
					Avg Onpu	mu –	Ф -
C. Severity Rate							
Avg Unpd Indem	\$ -	divide by av	g unpd indem 199	99-2001 of	\$ 186.21	=	0.00000
D. Factor for Failure to pa							
Frequency rate	0.00000	) X	Severity rate	0.00000	X	modifier of	2
						=	0.00000
2. FACTOR FOR LATE I	CIDCT DAVMI	ENT OF TEMP	OD A DV DICADI	TITV OD E	IDCT NOTE	CE	
# claims with late 1st TD	FIRST PATME	2	divide by # wit			3	
# claims with late first SC	notice	0	_ divide by # wit			0	
" Claims with late first SC	Totals	2	divide by	ir saidry con	Totals	3	=
			<i>a</i>			-	0.66667
3. FACTOR FOR LATE I	FIRST PAYME	ENT OF PERM			IA, AND DI	EATH BENE	FITS
# claims with late first PD		0	divide by # wit			0	
# claims with late first VR		0	divide by # wit			0	
# claims with late first DB	Totals	0	divide by # wit	h first DB pa		0	-
	Lotais	U	divide by		Totals	0	=
	Totals						0.00000
	Totals		,				0.00000
4 FACTOR FOR LATE S		Γ INDEMNITY					0.00000
4. FACTOR FOR LATE S # claims with late subseque	SUBSEQUENT	Γ INDEMNITY 0	PAYMENTS	h subsequen	t payments	1	0.00000
4. FACTOR FOR LATE S # claims with late subseque	SUBSEQUENT			h subsequen	t payments	1	
# claims with late subseque	SUBSEQUENT ent payments	0	PAYMENTS divide by # wit	•		1	=
# claims with late subseque  5. FACTOR FOR PROVI	SUBSEQUENT ent payments  SION OF AME	0 E/QME NOTIC	PAYMENTS divide by # wit	•		1	=
# claims with late subseque 5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA	SUBSEQUENT ent payments SION OF AME ATIONAL REF	0 E/QME NOTIC HABILITATIO	PAYMENTS divide by # wit  ES AND NOTIC	ES OF POT	ENTIAL		= 0.00000
# claims with late subseque  5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA # claims with AME/QME	SUBSEQUENT ent payments  SION OF AME ATIONAL REPROSE	0 E/QME NOTIC HABILITATIO	PAYMENTS divide by # wit	ES OF POT	ENTIAL requiring no	otices	=
# claims with late subseque 5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA	SUBSEQUENT ent payments  SION OF AME ATIONAL REPROSE	0 E/QME NOTIC HABILITATIO ns ice violations	PAYMENTS divide by # wit  ES AND NOTIC	ES OF POT	ENTIAL	otices otices	= 0.00000 1 1
# claims with late subseque  5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA # claims with AME/QME	SUBSEQUENT ent payments  SION OF AME ATIONAL REPROSE	0 E/QME NOTIC HABILITATIO	PAYMENTS divide by # wit  ES AND NOTIC	ES OF POT	ENTIAL requiring no	otices	= 0.00000
# claims with late subseque  5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA # claims with AME/QME	SUBSEQUENT ent payments  SION OF AME ATIONAL REPROSE	0 E/QME NOTIC HABILITATIO ns ice violations	PAYMENTS divide by # wit  ES AND NOTIC	ES OF POT	ENTIAL requiring no	otices otices	= 0.00000 1 1
# claims with late subseque  5. FACTOR FOR PROVI ELIGIBILITY FOR VOCA # claims with AME/QME	SUBSEQUENT ent payments  SION OF AME ATIONAL REF notice violation I eligibility noti	0 E/QME NOTIC HABILITATIO ns ice violations Totals	PAYMENTS divide by # wit  ES AND NOTIC  N  0  1	ES OF POT	ENTIAL requiring no	otices otices	= 0.00000 1 1 2

#### **Penalty Assessments and Collections**

Files Audited: 3
Indemnity 3
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: SFO-04-03-R1-1** 

**Subject:** Federated Mutual Insurance

Location: Phoenix, AZ Type: INS

	# of	Total \$	Total \$	Total \$	Balance	Appeal	ed
Item #	Times	Penalties	Penalties	Amount	\$	Yes	No
	Cited	Assessable	Waived	Collected	Due	1 68	110
1	2	\$75	\$75	\$0	\$0		X
2	0	\$0	\$0	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	0	\$0	\$0	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	1	\$500	\$500	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	0	\$0	\$0	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0	\$0		X
18 b	0	\$0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	0	\$0	\$0	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	3	\$575	\$575	\$0	\$0		

Administrative penalties waived pursuant to Labor Code Section 129.5(c) and regulatory authority.

**Notices of Compensation Due** 

**Audit No: SFO-04-03-R1-1** 

**Subject:** Federated Mutual Insurance

Location: Phoenix, AZ Type: INS

## No Undisputed Compensation Was Found Unpaid

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

#### **Profile Audit Review Performance Rating of Randomly Selected Claims**

**Audit No: SAC-03-03-R1-5** 

**Subject:** Frank Gates Service Company

**Location: El Dorado Hills** 

1. FACTOR FOR FAILURE	TO PAY A	CCRUED ANI	D UNDISPUTED	INDEMNI	ГҮ		1
A. Frequency Rate							
# claims with unpd indem	17	divide by # cl	laims with payable	e indem	41	=	0.41463
B. Average Amount of Unpa							
Total unpd indem. = \$	3,594.78	divide by	# of claims with	n obligation	1 2		41
					Avg Unpd	Ind =	\$ 87.68
C. Severity Rate	07.60	40 14 4	1 : . 1 100	00.2001 - 0	¢ 107.21	=	0.47005
Avg Unpd Indem \$	87.68	divide by av	g unpd indem 199	9-2001 01	\$ 186.21	=	0.47085
D. Factor for Failure to pay U	Jndisputed A	Accrued Indem	nity				
Frequency rate	0.41463		Severity rate	0.47085	X	modifier of	2
			,			=	0.39046
2. FACTOR FOR LATE FIR	ST PAYME	ENT OF TEMP					
# claims with late 1st TD		15	divide by # witl			36	
# claims with late first SC not	tice	0	divide by # witl	n salary con		0	_
To	otals	15	divide by		Totals	36	=
							0.41667
3. FACTOR FOR LATE FIR	ST PAVME	ENT OF PERM	IANENT DISARI	LITV VRA	A AND DI	FATH RENE	FITS
# claims with late first PD	ST TATIVIT	3	divide by # witl		171, 71110 01	10	1115
# claims with late first VRMA		0	divide by # with first VRMA 2				
# claims with late first DB			divide by # with first DB paid 0				
To	otals	3	divide by	т. г	Totals	12	=
			,				0.25000
4. FACTOR FOR LATE SU		Γ INDEMNITY					
# claims with late subsequent	payments	16	divide by # witl	h subsequen	t payments	25	=
							0.64000
							-
5. FACTOR FOR PROVISION				ES OF POT	ENTIAL		
ELIGIBILITY FOR VOCAT				1: :1.1. //		45	22
# claims with AME/QME notice violations					requiring no		23
# claims with VR potential eligibility notice violations Totals		<u>3</u>	aiviae by #	requiring no		<u>6</u> 29	
		Totals	11			Totals	29
						=	0.37931
PROFILE AUDIT REVIEW							
	V PERFOR	MANCE RAT	TING				2.07644

#### **Penalty Assessments and Collections**

Files Audited: 41
Indemnity 41
Medical Only 0
Denied 0
Complaints 0
Additional 0

**Audit No: SAC-03-03-R1-5** 

**Subject:** Frank Gates Service Company

**Location:** El Dorado Hills Type: TPA

	# of	Total \$	Total \$	Total \$	Balance	Appealed	
Item #	Times	Penalties	Penalties	Amount	\$	Vac	NIa
	Cited	Assessable	Waived	Collected	Due	Yes	No
1	15	\$2,685	\$2,685	\$0	\$0		X
2	3	\$1,020	\$1,020	\$0	\$0		X
3	0	\$0	\$0	\$0	\$0		X
4	54	\$4,080	\$4,080	\$0	\$0		X
5	0	\$0	\$0	\$0	\$0		X
6	0	\$0	\$0	\$0	\$0		X
7	0	\$0	\$0	\$0	\$0		X
8	0	\$0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0	\$0		X
13	3	\$1,200	\$1,200	\$0	\$0		X
14	0	\$0	\$0	\$0	\$0		X
15	8	\$2,900	\$2,900	\$0	\$0		X
16	0	\$0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0	\$0		X
18 a	9	\$1,200	\$1,200	\$0	\$0		X
18 b	1	\$400	\$400	\$0	\$0		X
18 c	0	\$0	\$0	\$0	\$0		X
18 d	22	\$1,575	\$1,575	\$0	\$0		X
18 e	0	\$0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0	\$0		X
20 a	0	\$0	\$0	\$0	\$0		X
20 b	0	\$0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0	\$0		X
TOTAL	115	\$15,060	\$15,060	\$0	\$0		

Administrative penalties waived pursuant to Labor Code Section 129.5(c) and regulatory authority.

Calendar Year: 2003 Individual Exhibit 4
Notices of Compensation Due

**Audit No: SAC-03-03-R1-5** 

**Subject:** Frank Gates Service Company

Location: El Dorado Hills Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$231.20			\$231.20
2		\$1,260.00					\$1,260.00
3				\$140.06			\$140.06
4	\$36.18						\$36.18
5				\$160.25			\$160.25
6				\$58.48			\$58.48
7	\$117.03			\$11.70			\$128.73
8				\$50.27			\$50.27
9	\$20.00			\$44.70			\$64.70
10				\$41.10			\$41.10
11				\$280.00			\$280.00
12	\$312.07			\$74.43			\$386.50
13	\$45.60			\$44.03			\$89.63
14	\$17.02			\$1.70			\$18.72
15	\$473.59			\$23.37			\$496.96
16				\$98.00			\$98.00
17	\$54.00						\$54.00
TOTAL	\$1,075.49	\$1,260.00	\$0.00	\$1,259.29	\$0.00	\$0.00	\$3,594.78